GATLIN, SCHIEFELBEIN & COWDERY, P.A.

Attorneys at Law

3301 Thomasville Road, Suite 300 Tallahassee, Florida 32312 ORIGINAL RECEIVED

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TELECHICK (850) 385,9996) TELECONIER (830) 381,4735 E-MAIL: bkgatlin@nettally.com

B. KENNETH GATLIN WAYNE L. SCHIEFELBEIN KATHRYN G.W. COWDERY

OF COUNSEL THOMAS F. WOODS

August 13, 1998

Blanca S. Bayo, Director Division of Records & Reporting Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399-0850

Re: Docket No. 971663-WS Petition of Florida Cities Water Company for limited proceeding to recover environmental litigation costs for North and South Ft. Myers Division in Lee County and Barefoot Bay Divisions in Brevard County.

Dear Ms. Bayo:

This is in response to a letter dated August 10, 1998 from Mr. Tim Vaccaro, Senior Attorney.

Enclosed are an original and fifteen (15) copies of monthly discharge monitoring reports (DMR) for the period April 1998 to July 1998 for the Barefoot Bay advanced wastewater treatment plant.

Please acknowledge receipt of the foregoing by stamping the enclosed extra copy of this letter and returning same to my attention.

Thank you.

_BKG/ldv

Enclosures

-cc:w/encl.:

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RECEIVED & FILED FPSC-BUREAU OF RECORDS

Tim Vaccaro, Esq.

John Starling

Very truly yours,

Hand Delivery

B. Kenneth Gatlin

528

DOCUMENT NUMBER-DATE

08633 AUG 138

JESS-RECORDS/REPORTING

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When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tailahassee, FI. 32399-2400

PERMIT NUMBER : MONITORING PERIOD	FL0042293-01 From	04/01/98	TO 04/30/98	1
LIMIT	FINAL		REPORT:	Monthly
CLASS SIZE	MINOR		GROUP:	Domestic
FACILITY ID:	FL0042293		WAFR SITE #	2753
GMS ID NO.	3005P03394		GMS TEST SITE NO	3005X14973
DISCHARGE POINT NUN	IBER: D001			
PLANT SIZE/TREATMEN	TTYPE IB		XXXXX	No Discharge
	MONITORING PERIOD LIMIT CLASS SIZE FACILITY ID: GMS ID NO. DISCHARGE POINT NUM	MONITORING PERIOD From LIMIT FINAL CLASS SIZE MINOR FACILITY ID: FL0042293 GMS ID NO. 3005P03394	MONITORING PERIOD From 04/01/98 LIMIT FINAL CLASS SIZE MINOR FACILITY ID: FL0042293 GMS ID NO. 3005P03394 DISCHARGE POINT NUMBER: D001	MONITORING PERIOD From 04/01/98 TO 04/30/98 LIMIT FINAL REPORT: CLASS SIZE MINOR GROUP: FACILITY ID: FL0042293 WAFR SITE # GMS ID NO. 3005P03394 GMS TEST SITE NO DISCHARGE POINT NUMBER: D001

COUNTY: Brevard

PARAMETER		QUALITY OR	LOADING	UNITS	QUALITY C	RATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE	
Flow (Discharge to Drainage Canal)	Sampie Measurement	0.000		mgd					0	Continuous	Flow Meter
STORET # 50050 Y Mon-Site # EFF-1	Permit Measurement	0.75 (An. Avg.)		mgd						Continuous	Flow Meter
Flow (Discharge to Drainage Canal)	Sample	0.000		mgd		<u>, 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 198</u> 1			0	Continuous	Flow Meter
STORET # 50050 I Mon-Site # EFF-1	Permit	Report (Mo. Avg.)		mgd						Continuous	Flow Meter
Flow (Influent)	Sampie Measurement									······································	
STORET # 50050 G Mon-Site # INF-1	Permit	0.75 (An. Avg.)		mgd						Continuous	Flow Meter
Flow (Influent)	Sample Measurement	0.500		mgd					0	Continuous	Flow Meter
STORET # 50050 W Mon-Site # INF-1	Permit Measurement	Report (Mo. Avg.)		mgd						Continuous	Flow Meter
CBOD 5	Sample Measurement										
STORET # 80082 Y Mon-Site # EFD-1	Permit Measurement					5.0 (An. Avg.)		mg/L		Weekly	16-hour FPC
CBOD 5	Sample Measurement										
STORET # 80082 I Mon-Site # EFD-1	Permit Measurement					6.2 (Mo. Avg.)	10.0 (Max.)	mg/L.		Weekly	16-hour FPC

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted

information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael Acosta Vice President Engineering/Operations	941-925-3088	Ge/s/22

4

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

Note: This DWR must be submitted every month. If no discharge during the monitoring period, check () the" No Discharge" box above.

DEP Form 62-820.9109100, Effective November 29, 1994

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PERMIT NUMBER: FL0042293-01

WAFR SITE NO.: 2753

DISCHARGE POINT NUMBER: D001

PARAMETER		QUALITY OR	LOADING	UNITS	QUALITY O	RCONCENTR	ATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
CBOD 5 (Influent)	Sample Measurement					196.5		mg/L	0	Weekly	16-hour FPC
STORET # 80082 G G Mon-Site #INF-2	Permit Measurement					Report (Mo, Avg.)		mg/L		Weekly	16-hour FPC
TSS	Sample Measurement										
STORET # 00530 Y Mon-Site # EFD-1	Permit Measurement					5.0 (An. Avg.)		mg/L		Weekly	16-hour FPC
TSS	Sample Measurement). ¥1					
STORET # 00530 1 Mon-Site # EFD-1	Pornit Moissiromant					6.25 (Ma. Avg.)	10.0 (Max.)	mg/L		Weekly	16-hour FPC
TSS (Influent)	Sample					154.0		mg/L	0	Weekly	16-hour FPC
STORET # 00530 G Mon-Site # INF-2	Maasurement Permit Maasuroment					Report (Mo. Avg.)		mg/L		Weekly	16-hour FPC
рН	Sample Measurement										
STORET # 00400 I Mon-Site # EFD-2	Permit Measurement					6.0 (Min.)	8.5 (Max.)	S.U.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement					<1.64		#/100mL	0	Weekly	Grab
STORET # 31616 Y Mon-Site # EFA-2	Permit				n na stan stran stan st	14.0 (An. Avg.)		#/100mL		Weekly	Grab
Fecal Coliform Bacteria	Sample Measurement					<1	<1	#/100mL	0	Weekly	Grab
STORET # 31616 A Mon-Site # EFA-2	Permit					Report (Mo. Median)	86 (Max.)	#/100mL,		Weekly	Grab
TRC for disinfection	Sample Measurement					1.0		mg/L	0	Continuous	Analyzer
STORET # 50060 A Mon-Site # EFA-2	Measurement Permit Measurement					1.0 (Min.)		mg/L		Continuous	Analyzer
TRC for dechlorination	Sample Measurement										
STORET # 50060 1 Mon-Site # EFD-2	Permit Measurement					0.01 (Max)		mg/L		Weekly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted

Information is true, accurate and complete. I am aware that there are significant penalties for submitting failse information including, the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael Acosta Vice President Engineering/Operations	941-925-3088	18/5/26

COMMENT AND EXPLANATION OF ANY MOLATIONS (Reference all attachments here):

FACILITY NAME : Barefoot Bay Advanced Wastewater Treatment Facility

FACILITY NAME : Barefoot Bay Advanced Wastewater Treatment Facility PERMIT NUMBER: FL0042293-01

DISCHARGE POINT NUMBER: D001

WAFR SITE NO.: 2753

PARAMETER		QUALITY OR	LOADING	UNITS	QUALITY C	OR CONCENTR	RATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Nitrogen, Total as N	Sample										
	Measurement					2.0		mall		Weekly	16-hour FPC
STORET # 00600 Y	Permit		1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -			3.0		mg/L		VYCORIY	
Mon-Site #EFD-1	Measurement					(An, Avg.)				vi havita bargita di la manazita. N	
Nitrogen, Total as N	Sample										
	Measurement	1									
STORET # 00600 I	Permit				and the second second	3.75	6.0	mg/L		Weekly	16-hour FPC
Mon-Site #EFD-1	Measurement					(Mo. Avg.)	(Max.)				
Phosphorous, Total as P	Sample										
	Measurement						1			NA to all he	16-hour FPC
STORET # 00665 Y	Permit					1.0		mg/L		Weekly	
Mon-Site # EFD-1	Measurement					(An. Avg.)				· 영양이 가는	
Phosphorous, Total as P	Sample										
	Measurement							· · · · · · · · · · · · · · · · · · ·		And a mich of	16-hour FPC
STORET # 00665	Permit					1.25	2.0	mg/L		Weekly	
Mon-Site # EFD-1	Measurement					(Mo. Avg.)	(Max.)			<u>, 10, en 10, 886, 1986, 6, en 1986, 6</u> -	<u>anin Station (Stational</u>
Dissolved Oxygen (DO)	Sample						1				
	Measurement					1				1A/a althu	Grab
STORET # 00300	Permit						5.0	mg/L		Weekly	Grau
Mon-Site # EFD-2	Measurement						(Min.)	1	<u>. La sila si k</u>	allowe the submitted	

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted

information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

	GNATURE OF PRINCIPAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
	While Cingt	941-925-3088	45/5/26
Michael Acosta Vice President Engineering/Operations			

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

- -

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2800 Blair Stone Road, Tailahassee, FL 32399-2400

PERMITTEE NAME: Florida Cities Water Compa	ny	PERMIT NUMBER :	FL0042293-01			
MAILING ADDRESS: 4837 Swift Road, Suite 100		MONITORING PERIOD	From	04/01/98	TO _04/30/9	8
Sarasota, FL 34231		LIMIT	FINAL		REPORT:	Toxicity
		CLASS SIZE	MINOR		GROUP:	Domestic
FACILITY : Barefoot Bay Advanced Wastewater	Freatment Facility	FACILITY ID:	FL0042293		WAFR SITE #	2753
LOCATION: 7773 Dottie Lane		GMS ID NO.	3005P03394		GMS TEST SITE NO	3005X14973
Barefoot Bay, FL 32976		DISCHARGE POINT NUI	MBER: D001			
		PLANT SIZE/TREATMEN	IT TYPE IB			

COUNTY: Brevard

PARAMETER		QUALITY OR	LOADING	UNITS	QUALITY (OR CONCENT	RATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
96-HR ACUTE STATIC RENEWAL	Sample										
Ceriodaphnia Dubia	Measurement				NODI=9			%		Annual	Grab
STORET # TAN3B P Mon-Site # EFD-1	Permit				100% (Min.)		na internationalist Anna internationalist	70		Annuar	Giau
96-HR ACUTE STATIC RENEWAL	Measurement Sample				(*******)				· · · · · · · · · · · · · · · · · · ·		
Cyprinella Leedsi	Measurement				NODI=9						
STORET # TAN6H P	Permit				100%			%	<u></u>	Annual	Grab
Mon-Site # EFD-1	Measurement				(Min.)						
96-HR ACUTE STATIC RENEWAL	Sample								1		
Ceriodaphnia Dubia	Measurement				NODI=9			1	1)	
STORET # TAN3B Q	Permit				100%			%		As Required	Grab
Mon-Site # EFD-1	Measurement		에는 사망가 가장하 지만 것 같아요.		(Min.)				요청관		
96-HR ACUTE STATIC RENEWAL	Sample										
Cyprinella Leedsi	Measurement				NODI=9						
STORET # TAN6H Q	Permit				100%			%		As Required	Grab
Mon-Site # EFD-1	Measurement				(Min.)						
	Sample										
	Measurement										
	Permit										
	Measurement		eltateréjején.							- Laure the submitted	

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

	γ 1		
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/NM/DD)
Michael Acosta Vice President Engineering/Operations	Millin	941-925-3088	98 5 26

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

Q=Additional Test

P = Routine Test

Enter NODI=9 if monitoring is not required this month.

DEP Form \$2-520.9109100, Effective November 29, 1994

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When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FI. 32399-2400

PERMITTEE NAME: MAILING ADDRESS:	Florida Cities Water Company 4837 Swift Road, Suite 100	PERMIT NUMBER : MONITORING PERIOD Fro	FL0042293-01 m	04/01/98	TO 04/30/98	
	Sarasota, FL 34231	LIMIT	FINAL		REPORT:	Monthly
		CLASS SIZE	MINOR		GROUP:	Domestic
FACILITY : Barefoo	ot Bay Advanced Wastewater Treatment Facility	FACILITY ID:	FL0042293		WAFR SITE #	2756
LOCATION: 7773 D	ottie Lane	GMS ID NO.	3005P03394		GMS TEST SITE NO	3005X12846
Baref	foot Bay, FL 32976	DISCHARGE POINT NUMBE	R: R001			
		PLANT SIZE/TREATMENT T	YPE IB			

COUNTY:

Brevard

PARAMETER		QUALITY OR	LOADING	UNITS	QUALITY	OR CONCENT	RATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow (Total Reuse)	Sample Measurement	0.589	*****	mgd	*****	******	******	******	0	Continuous	Flow Meter
STORET # 50050 Y Mon-Site # EFF-2	Permit Measurement	0.75 (An. Avg.)	**** **	mgd	******* 	*****	******	****		Continuous	Flow Meter
Flow (Total Reuse)	Sample Measurement	0.509	*****	mgd	*****	******	*****	******	0	Continuous	Flow Meter
STORET # 50050 I Mon-Site # EFF-2	Permit	Report (Mo. Avg.)	******	mgd	******	1997 ******* *****************************	******	******		Continuous	Flow Meter
CBOD 5	Sample Measurement	******	******	*******	******	<4.3	*****	mg/L	0	1/30	Calculated
STORET # 80082 Y Mon-Site # EFA-1	Permit	******	******	*****	******	20. (An, Avg.)	******	mg/L		1/Month	Calculated
CBOD 5	Sample	******	******	*****	******	6.0	7	mg/L	0	Weekly	16-hour FPC
STORET#80082 A Mon-Site#EFA-1	Permit	*****	***	******	*****	30.0 (Mo. Avg)	60.0 (Max.)	mg/L		Weekly	16-hour FPC
TSS	Sample	******	******	******	******	<1	******	mg/L	0	Daily	Grab
STORET # 00530 B Mon-Site # EFB-1	Permit Measurement	******	******	*****	******	5.0 (Max)	******	mg/L		Daily	Grab
pH	Sample Measurement	******	******	******	******	6.32	6.88	S.U.	0	7/17	Grab
STORET # 00400 A Mon-Site # EFA-2	Permit Measurement	******	******	******	******	6.0 (Min)	8.5 (Max.)	\$.U,		5 Days/Week	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF FRINGPAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael Acosta Vice President Engineering/Operations	Will lent	941-925-3088	94/5/24

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

FACILITY NAME : Barefoot Bay Advanced Wastewater Treatment Facility P

PERMIT NUMBER: FL 0042293-01

DISCHARGE POINT NUMBER: R001

WAFR SITE NO.: 2756

PARAMETER		QUALITY OR	LOADING	UNITS	QUALITY O	R CONCENT	RATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Fecal Coliform Bacteria	Sample Measurement	******	*****	******	100%	******	<1	#/100mL	0	Daily	Grab
STORET # 31616 A	Permit	******	******	******	Non Det.	******	25	#/100mL		Daily	Grab
Mon-Site #EFA-2	Measurement	이 왜 그렇는 것이야.		이 가슴 옷을	(75 %)		(Max.)	화 옷을 물니다.	전 동안 소송은		
TRC for disinfection	Sample	******	******	******	1.0	******	******	mg/L	0	Continuous	Analyzer
	Measurement							-			
STORET # 50060 A	Permit	******	******	******	1.0	*****	******	mg/L		Continuous	Analyzer
Mon-Site #EFA-2	Measurement				(Min.)			ade de la com	a da kapada da kabara kabar	이 소설을 참고 말했	
Turbidity	Sample	******	******	******	******	******	1.65	NTU	0	Continuous	Analyzer
	Measurement								1		
STORET #82078 B	Permit	******	******	******	******	******	Report	NTU		Continuous	Analyzer
Mon-Site # EFB-1	Measurement			요즘 가 있었는		전망 소란 것같다.	(Max.)				

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted

Information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF FRINGIFAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael Acosta Vice President Engineering/Operations	Mill U., t	941-925-3088	98/5/26

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DEP Form 62-620.9109100, Effective November 29, 1994

DAILY SA. ... E RESULTS -PART B

Permit Number: FL0042293-01

Barefoot Bay AWTF - D001 Discharge to Drainage Canal

Three Month Average Daily Flow: 0.000

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0%

Month/Year: APRIL 98

Daily Flow % of Permitted Capacity:

																												<u> </u>			
Days of the Months Parameter/Unit/Monitoring Location Site Number		2	3		5		7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	1
				-			- 1	0				12	- 13	- 14	- 15	- 19		16	19	20		~~~	23	24	23	20	21		~~~		\vdash
Flow (mgd) EFF-1	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	
Flow (mgd), INF 1	0.728	0.548	0.521	0.657	0.556	0.548	0.513	0.478	0.472	0.559	0.445	0.455	0.477	0.548	0.499	0.500	0.844	0.406	0.434	0.443	0.434	0.517	0.524	0.493	0.420	0.405	0.414	0.398	0.353	0.401	
CBOD 5 (mg/l) EFD-1																															
CBOD 5 (mg/l) INF-2		l				184.0							198.0							204.0							200.0				
TSS (mg/l) EFD-1																															
TSS (mg/l) INF-2						150.0							206.0							110.0							150.0				
pH (std units) EFD-2 Min																															
pH (std units) EFD-2 Max																															
Fecal Coliform Bacteria (#/100 ml) EFA-2	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	
TRC (For Dechlorination) (mg/l) EFD-2						<u> </u>																									
TRC (For Disinfection) (mg/l) EFA-2	1.55	1.48	1.21	1.45	1.30	1.70	1.45	1.40	1.25	1.30	1.71	1.43	1.50	1.68	2.02	1.20	1.25	1.52	1.00	1.52	1.62	1.38	1.65	1.90	1.60	1.84	1.50	1.60	1.00	1.55	
Nitrogen (mg/l as N), EFD-1						L																									
Phosphorous (mg/l as P) EFD-1					Í																										
96 hr Acute Static Renewal Ceriodaphnia dubia (% eff.)																															
EFD-2																															
96 hr Acute Static Renewal Cyprinella leedsi (% effluent)																															L
EFD-2																															

Plant Staffing:

Day Shift Operator	Class:	_A	Cerficate No.	2438	Name:	Randy Musgrove
Day Shift Operator	Class:	<u>B</u>	Cerficate No.	8936	Name:	Rob Marcincuk
Lead Operator	Class:	_A	Cerficate No.	8022	Name:	Glen Thomas Siler
Type of Effluent Disposal or Reclaimed Water R	leuse:	Public Ac	COSS			
Limited Wet Weather Discharge Activated:	Yes	<u>No X</u>	Not Applicable	lf ye	es, cumulativ	ve days of wet weather discharge

* Attach additional sheets necessary to list all certified operators necessary for required operations.

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DAILY SAM _E RESULTS -PART B

Permit Number: FL0042293-01

Barefoot Bay AWTF - R001 Reuse Irrigation

Three Month Average Daily Flow: 0.634

Month/Year: APRIL 98

Daily Flow % Permitted Capacity: 68%

Days of the Month Parameter/Unit/Monitoring Location Site Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
······································																														
Flow (mgd) EFF-2, Total Process	0.639	0.570	0.648	0.629	0.523	0.490	0.502	0.499	0.487	0.508	0.474	0.505	0.514	0.543	0.462	0.568	0.825	0.437	0.468	0.448	0.461	0.540	0.538	0.524	0.462	0.422	0.429	0.415	0.355	0.396
Flow (mgd), To the 40-acre Sprayfield	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.068	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Flow (mgd), To the Barefoot Bay Golf Course	0.178	0.229	0.215	0.000	0.000	0.226	0.154	0.180	0.119	0.275	0.157	0.175	0.000	0.242	0.109	0.180	0.229	0.245	0.209	0.000	0.188	0.185	0.202	0.163	0.000	0.186	0.099	0.192	0.081	0.000
Flow (mgd), To H&S Groves Site	0.639	0.424	0.138	0.000	0.279	0.490	0.502	0.499	0.487	0.001	0.000	0.000	0.514	0.543	0.462	0.019	0.144	0.000	0.448	0.210	0.028	0.222	0.195	0.070	0.270	0.422	0.429	0.415	0.355	0.159
Flow (mgd), To Wheeler Farms Grove Site	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Flow (mgd), To Barefoot Bay AWWT Plant Grnds	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.001	0.015	0.025	0.000	0.000	0.000	0.000	0.000	0.000	0.000
CBOD 5 (mg/l) EFA -1						7.0							5.4							6.3							5.4			
TSS (mg/l) EFB-1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1
ρΗ (std units) EFA-2 Min	6.76	6.70	6.67	6.66	6.32	6.60	6.67	6.67	6.62	6.58	6.60	6.70	6.56	6.57	6.50	6.70	6.64	6.66	6.81	6.64	6.62	6.65	6.68	6.76	6.42	6.75	6.88	6.65	6.73	6.57
pH (std units) EFA-2 Max		1	1																								6.88			
Fecal Coliform Bacteria (#/100 ml) EFA-2	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1
TRC (For Disinfection) (mg/l) EFA-2	1.55	1.48	1.21	1.45	1.30	1.70	1.45	1.40	1.25	1.30	1.71	1.43	1.50	1.68	2.02	1.20	1.25	1.52	1.00	1.52	1.62	1.38	1.65	1.90	1.60	1.84	1.50	1.60	1.00	1.55
Turbidity (NTU) EFB-1				1		0.50									1.65	1								1 20	0.60	0.80	0.55	0.45	0.36	0.35

Plant Staffing:

Day Shift Operator	Class:	<u>A</u>	Certificate No.	2438	Name:	Randy Musgrove
Day Shift Operator	Class:	В	Certificate No.	8936	Name:	Rob Marcincuk
Lead Operator	Class:	A	Certificate No.	8022	Name:	Glen Thomas Siler

Type of Effluent Disposal or Reclaimed Water Reuse:

Public Access

Limited Wet Weather Discharge Activated:

No X Not Applicable

If yes, cumulative days of wet weather discharge

* Attach additional sheets necessary to list all certified operators necessary for required operations.

Yes

LIMITED WET WEATHER DISCHARGE - PART C

Facility ID: FL0042293

Facility Name : Barefoot Bay AWTF

Month/Year APRIL 98

Rainfall Information: Rainfall gauging station: Liftstation A Source of climatological (normal rainfall) data: NOAA - Melbourne, FL Cumulative rainfall for the average rainfall year: 16.04 inches Cumulative rainfall to date for this calendar year: 18.6 inches

Average rainfall year 48.17 inches

Date	Duration of Discharge (Hours)	Gallons Discharge (MG)	Average Discharge Flow Rate (MGD)	Average Upstream Flow Rate (MGD) N/A	Dilution Factor N/A	CBOD 5 (mg/l as O2)	TKN (mg/l as N) N/A	Total P (mg/I as P)	Reason for Discharge
- 10.00 · · · · · · · · · · · · · · · · · ·									
							1		
onthly Avg			-	-					

Dep For 62-620.910(10) Effective November 29, 1994

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May 26, 1998

Bruce Boler Division of Water Facilities Self-Monitoring Subsection Mail Station 3551 2600 Blair Stone Road Tallahassee, Florida 32399-2400

Re: Central Division Monitoring Barefoot Bay AWTP - Permit No. FL0042293 Poinciana WWTP No. 3 - Permit No. FL0036862 Poinciana WWTP No. 5 - Permit No. FL010979

Dear Mr. Boler

Enclosed are the monthly monitoring reports for the above referenced facilities for the month of April 1998.

Please feel free to contact me if you have any questions.

Sincerely,

Julie L. Karleskint, P.E. Operations Manager

Enclosures

cc: L. Good B. Sansbury FDEP - Central District

FLORIDA CITIES WATER COMPANY POINCIANA UTILITIES INC. 4837 Swift Road, Suite 100 Sarasota, Florida 34231 Telephone 941/925-3088

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Biair Stone Road, Tailahassee, Fl. 32399-2400

PERMITTEE NAME: Florida Citles Water Company MAILING ADDRESS: 4837 Swift Road, Suite 100 Sarasota, FL 34231	PERMIT NUMBER : FL0042293-0 MONITORING PERIOD From LIMIT FINAL CLASS SIZE MINOR	1 05/01/98	TO 05/31/98 REPORT: GROUP:	Monthly Domestic
FACILITY : Barefoot Bay Advanced Wastewater Treatment Facility LOCATION: 7773 Dottle Lane Barefoot Bay, FL 32976	FACILITY ID: FL0042293 GMS ID NO. 3005P03394 DISCHARGE POINT NUMBER: D001		WAFR SITE # GMS TEST SITE NO	2753 3005X 14973
	PLANT SIZE/TREATMENT TYPE IB		XXXXX	No Discharge

COUNTY: Brevard

PARAMETER		QUALITY OR	LOADING	UNITS	QUALITY C	RCONCENTR	ATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow (Discharge to Drainage Canal)	Sample Measurement	0.000		mgd					0	Continuous	Flow Meter
STORET # 50050 Y Mon-Site # EFF-1	Permit Measurement	0.75 (An. Avg.)		mgd						Continuous	Flow Meter
Flow (Discharge to Drainage Canal)	Sample Measurement	0.000		mgd					0	Continuous	Flow Meter
STORET # 50050 I Mon-Site # EFF-1	Permit Measurement	Report (Mo. Avg.)		mgd	jar shiperida	. je bol k ke	ulus - sa			Continuous	Flow Meter
Flow (Influent)	Sample	0.591		mgd					0	Continuous	Flow Meter
STORET # 50050 G Mon-Site # INF-1	Measurement Permit Measurement	0.75 (An, Avg.)		rngd						Continuous	Flow Meter
Flow (influent)	Sample	0.360		mgd					0	Continuous	Flow Meter
STORET#50050 W Mon-Site#INF-1	Measurement Permit Measurement	Report (Mo. Avg.)		mgd						Continuous	Flow Meter
CBOD 5	Sample Measurement										
STORET # 80082 Y Mon-Site # EFD-1	Pennik Measurement					5.0 (An. Avg.)		mg/L		Weekły	16-hour FPC
CBOD 5	Sample Measurgment							1			
STORET # 80082 I Mon-Site # EFD-1	Permit		· · · · · · · · · · · · · · · · · · ·			6.2 (Mo. Avg.)	10.0 (Max.)	mg/L		Weekly	16-hour FPC

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted .

information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		ICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMUDD)
				96/1.12
Michael Acosta Vice President Engineering/Operations	Mill Un		941-925-3088	<u> </u>

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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

Note: This DMR must be submitted every month. If no discharge during the monitoring period, check (-) the" No Discharge" box above.

FACILITY NAME : Barefoot Bay Advanced Wastewater Treatment Facility PERMIT NUMBER: FL0042293-01

DISCHARGE POINT NUMBER: D001

WAFR SITE NO.: 2753

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PARAMETER		QUALITY OR	LOADING	UNITS	OR CONCENTR	ATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
CBOD 5 (Influent)	Sample Measurement				176.8		mg/L	0	Weekly	16-hour FPC
STORET # 80082 G Mon-Site #INF-2	Permit	*******			 Report	· ••••••	mg/L		Weekiy	16-hour FPC
TSS	Measurement Sample	·			 (Mo. Avg.)			5 - F		
STORET # 00530 Y	Measurement Permit				 5.0		mg/L.		Weekly	16-hour FPC
Mon-Site # EFD-1 TSS	Measurement Sample				(An. Avg.)			한 것이다.		
STORET # 00530	Measurement									
Mon-Site # EFD-1	Permit Measurement			Rali - L	 6.25 (Mo. Avg.)	10.0 (Max.)	mg/L		Weekly	16-hour FPC
TSS (Influent)	Sample Measurement				220.3		mg/L	0	Weekly	16-hour FPC
STORET # 00530 G Mon-Site # INF-2	Permit Measurement				Report (Mo. Avg.)		mg/L		Weekly	16-hour FPC
рН	Sample Measurement									
STORET#00400 I Mon-Site#EFD-2	Permit Measurement				6.0 (Min.)	8.5 (Max.)	\$.U.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement				<1.64		#/100mL	0	Weekly	Grab
STORET # 31616 Y Mon-Site # EFA-2	Permit Measurement				14.0 (An. Avg.)		#/100mL		Weekly	Grab
Fecal Coliform Bacteria	Sample Measurement				<1	<1	#/100mL	0	Weekly	Grab
STORET#31616 A Mon-Site#EFA-2	Permit Measurement				Report (Mo, Median)	86 (Max.)	#/100mL		Weekly	Grab
TRC for disinfection	Sample Measurement				1.0		mg/L	0	Continuous	Analyzer
STORET#50060 A Mon-Site#EFA-2	Permit Measurement			na si si si si Ka si si si s	1.0 (Min.)		mg/L		Continuous	Analyzer
TRC for dechlorination	Sample Measurement									
STORET # 50060 1 Mon-Site # EFD-2	Permit Measurement				0.01 (Max)		mg/L		Weekly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

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NAME/TITLE OF PRINC	CIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT /	SIGNATURE OF PRINCIPAL	L EXED. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (Y	Y AMA DD))
Michael Acosta	Vice President Engineering/Operations	Mill U.	λ.	941-925-3088	90/6	<u> , ^</u>	

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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here);

DEP Form 62-928.9189186, Effective November 29, 1994

FACILITY NAME : Barefoot Bay Advanced Wastewater Treatment Facility PERMIT NUMBER: FL0042293-01

DISCHARGE POINT NUMBER: D001

WAFR SITE NO.: 2753

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PARAMETER	,	QUALITY OR	LOADING	UNITS	QUALITY C	R CONCENT	RATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Nitrogen, Total as N	Sample								1		
STORET # 00600 Y	Measurement		in protocol alter	·. · · · ·		3.0		mg/L		Weekly	16-hour FPC
Mon-Site #EFD-1	Measurement		:.			(An. Avg.)		шул		VVCCKIY	10-11041 1 1 0
Nitrogen, Total as N	Sample Measurement										
STORET # 00600 I Mon-Site #EFD-1	Permit Measurement					3.75 (Mo. Avg.)	6.0 (Max.)	mg/L		Weekly	16-hour FPC
Phosphorous, Total as P	Sampte Measurement						,,				
STORET # 00665 Y Mon-Site # EFD-1	Permit Measurement					1.0 (An. Avg.)		mg/L		Weekly	16-hour FPC
Phosphorous, Total as P	Sample Measurement					· · · · · · · · · · · · · · · · · · ·					
STORET # 00665 I Mon-Site # EFD-1	Permit Measurement		••••••••••••••••••••••••••••••••••••			1.25 (Mo. Avg.)	2.0 (Max.)	mg/L		Weekly	16-hour FPC
Dissolved Oxygen (DO)	Sample Measurement										
STORET # 00300 I Mon-Site # EFD-2	Permit Measurement						5.0 (Min.)	mg/L		Weekly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted

information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRIM	ICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF	RINOPAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael Acosta	Vice President Engineering/Operations	Mill		941-925-3088	-7.0/6 2.3

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):



DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Florida Cities Water Company MAILING ADDRESS: 4837 Swift Road, Suite 100	PERMIT NUMBER : MONITORING PERIOD Fro	FL0042293-01	05/01/98	TO 05/31/98	
Sarasota, FL 34231	LIMIT	FINAL		REPORT:	Toxicity
	CLASS SIZE	MINOR		GROUP:	Domestic
FACILITY : Barefoot Bay Advanced Wastewater Treatment Facili	Ity FACILITY ID:	FL0042293		WAFR SITE #	2753
LOCATION: 7773 Dottie Lane	GMS ID NO.	3005P03394		GMS TEST SITE NO	3005X14973
Barefoot Bay, FL 32976	DISCHARGE POINT NUMB	ER: D001			
	PLANT SIZE/TREATMENT	TYPE IB			

COUNTY: Brevard

PARAMETER		QUALITY OR	LOADING	UNITS	QUALITY O	R CONCENTR	ATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
96-HR ACUTE STATIC RENEWAL	Sample				1						
Ceriodaphnia Dubia	Measurement				NODI=9						
STORET # TAN3B P	Permit				100%			%		Annual	Grab
Mon-Site # EFD-1	Measurement	1			(Min.)	eta j		1 C	1		
96-HR ACUTE STATIC RENEWAL	Sample										
Cyprinella Leedsi	Measurement				NODI=9						
STORET # TAN6H P	Permit				100%			%		Annual	Grab
Mon-Site # EFD-1	Measurement				(Min.)						n ferræster i serer
96-HR ACUTE STATIC RENEWAL	Saniple										
Ceriodaphnia Dubia	Measurement				NODI=9						
STORET # TAN3B Q	Permit				100%			%	1	As Required	Grab
Mon-Site # EFD-1	Measurement				(Min.)						
96-HR ACUTE STATIC RENEWAL	Sample		·. ·								
Cyprinella Leedsi	Measurement				NODI=9						
STORET # TAN6H Q	Permit				100%			%		As Required	Grab
Mon-Site # EFD-1	Measurement				(Min.)				ļ		
	Sample										
	Measurement										
	Permit Measurement										

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted

information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

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		BIGNAT	URE OF PRINCI	AL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (Y	/IMM/D	1
		1 1	$T \cup V$	17		a .1	'. I.	
Michael Acosta	Vice President Engineering/Operations	11		Lin	941-925-3088	48	61	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

P © Routine Tast Q=Additional Test Enter NOD=9 if monitoring is not required this month.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tailahassee, FI. 32399-2400

PERMITTEE NAME: Florida Cities Water Company MAILING ADDRESS: 4837 Swift Road, Suite 100	PERMIT NUMBER : MONITORING PERIOD	FL0042293-01 From	05/01/98	TO 05/31/98	
Sarasota, FL 34231	LIMIT	FINAL		REPORT:	Monthly
	CLASS SIZE	MINOR		GROUP:	Domestic
FACILITY : Barefoot Bay Advanced Wastewater Treatm	ent Facility FACILITY ID:	FL0042293		WAFR SITE #	2756
LOCATION: 7773 Dottle Lane	GMS ID NO.	3005P03394		GMS TEST SITE NO	3005X12846
Barefoot Bay, FL 32976	DISCHARGE POINT NU	MBER: R001			
	PLANT SIZE/TREATME	NTTYPE IB			

COUNTY: Brevard

QUALITY OR LOADING PARAMETER UNITS QUALITY OR CONCENTRATION UNITS NO. EX. FREQUENCY OF SAMPLE ANALYSIS TYPE Flow (Total Reuse) ******* ****** ****** ****** 0.578 mgd 0 Continuous Flow Meter Sample Measurement ****** ****** ****** ****** ****** STORET # 50050 0.75 Y. Permit mgd Continuous Flow Meter Mon-Site # EFF-2 (An. Avg.) Measurement ****** ****** ****** Flow (Total Reuse) 0.380 ****** 0 Continuous Flow Meter mgd Sample Measurement ****** ****** ****** ****** ****** STORET # 50050 Continuous Flow Meter 1 Permit Report mad Mon-Site # EFF-2 (Mo, Avg.) Measurement CBOD 5 <4.5 mg/L 0 1/30 Calculated Sample Measurement ****** -..... ****** ****** Calculated STORET # 80082 Y 20. mg/L 1/Month Permit Mon-Site # EFA-1 (An. Avg.) Measurement CBOD 5 ******* ****** ****** 5.2 7.5 mg/L 0 Weekly 16-hour FPC Sample Measurement ****** ***** ****** ****** 16-hour FPC STORET # 80082 A 30.0 60.0 ma/L Weekly Permit Mon-Site # EFA-1 (Mo. Avg) (Max.) Measurement ****** ******* TSS <1 ****** mg/L 0 Daily Grab Sample Measurement ****** ******* ****** Daily Grab STORET # 00530 В 5.0 mg/L Permit (Max) Mon-Site # EFB-1 Measurement 7/7 ****** ******* Grab ****** ******* 6.53 7.00 S.U. 0 pH Sample Measurement ****** 5 Days/Week ******* 8.5 S.U. Grab 6.0 STORET # 00400 A Permit (Min) (Max.) Mon-Site # EFA-2 Measurement

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted

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information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	31	GHATURE OF PR	NEIPA	L/	KEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE ()	(Y/MM/DD)
Michael Acosta Vice President Engineering/Operations		Mile		U	luit	941-925-3088	9£.]:	23

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

PERMIT NUMBER: FL 0042293-01 FACILITY NAME : Barefoot Bay Advanced Wastewater Treatment Facility

DISCHARGE POINT NUMBER: R001

WAFR SITE NO .: 2756

PARAMETER	-	QUALITY OF	LOADING	UNITS	QUALITY C	OR CONCEN	TRATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Fecal Coliform Bacteria	Sample	******	*****	******	<1	******	<1	#/100mL	0	Daily	Grab
	Measurement										
STORET # 31616 A	Permit	******	******	*****	Non Det.	******	25	#/100mL		Daily	Grab
Mon-Site #EFA-2	Measurement		·		(75 %)		(Max.)	_			
TRC for disinfection	Sample	******	******	******	1.0	******	******	mg/L	0	Continuous	Analyzer
	Measurement										
STORET # 50060 A	Permit	******	******	******	1.0	******	******	mg/L		Continuous	Analyzer
Mon-Site #EFA-2	Measurement				(Min.)			1.			
Turbidity	Sample	******	*****	******	******	******	3.00	NTU	0	Continuous	Analyzer
	Measurement	10 T			1.100 ALL 010 ALL 010 ALL 010						
STORET #82078 B	Permit	******	******	******	******	******	Report	NTU		Continuous	Analyzer
Mon-Site # EFB-1	Measurement		I			l	(Max.)	1			l

i certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXEC. OFFICER OR AUTHORIZED AGENT

6

941-925-3088

TELEPHONE NO.

DATE (YY/MM/DD) 123

Michael Acosta

Vice President Engineering/Operations

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DAILY SAMPLE RESULTS -PART B

Permit Number: FL0042293-01

Barefoot Bay AWTF - D001 Discharge to Drainage Canal

Three Month Average Daily Flow: 0.000

0%

Daily Flow % of Permitted Capacity:

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Month/Year: May 98

Days of the Months Parameter/Unit/Monitoring Location Site Number 2 1 3 5 6 7 8 10 11 12 13 14 15 18 17 18 19 20 21 22 23 24 25 26 27 29 30 4 9 28 31 Flow (mgd) EFF-1 Flow (mgd), INF 1 0.396 0.409 0.359 0.549 0.496 0.484 0.444 0.343 0.431 0.312 0 485 0 412 0 355 0 321 0 367 0 300 0 301 0 334 0 260 0 294 0 350 0 373 0 369 0 266 0 291 0 267 0 320 0 334 0 303 0 344 0 265 CBOD 5 (mol) EFD-1 CBOD 5 (mg/l) INF-2 155.0 150.0 150.0 252.0 TSS (mg/l) EFD-1 TSS (mg/l) INF-2 223.0 166.0 316.0 176 0 pH (std units) EFD-2 Min pH (std units) EFD-2 Max <1 <1 <1 <1 <1 Fecal Coliform Bacteria (#/100 ml) EFA-2 <1 <1 <1 <1 <1 <1 <1 <1 <1 <1 <1 <1 <1 <1 <1 <1 <1 <1 <1 <1 <1 <1 <1 <1 <1 <1 TRC (For Dechlorination) (mg/) EFD-2 TRC (For Disinfection) (mgA) EFA-2 1.54 1.00 1.38 1.46 1.57 1.25 1.70 1.62 1.47 1.57 1.70 1.42 1.87 2.42 1.65 1.55 2.33 1.77 2.10 1.35 1.45 1.79 1.53 1.75 1.28 1.17 2.14 1.00 2.49 1.70 2.24 Nitrogen (mg/l as N), EFD-1 Phosphorous (mg/las P) EFD-1 -----96 hr Acute Static Renewal Ceriodaphnia dubia (% eff.) EFD-2 96 hr Acute Static Renewal Cyprinella leedsl (% effluent) EFD-2

7

Plant Staffing:

Day Shift Operator	Class:	_ <u>A</u>	Cerficate No.	2438	Name:	Randy Musgrove
Day Shift Operator	Class	<u> </u>	Cerficate No.	8936	Name:	Rob Marcincuk
Lead Operator	Class	_ <u>A</u>	Cerficate No.	8022	Name:	Glen Thomas Siler
Type of Effluent Disposal or Reclaimed Water F	Reuse	Public Acc	ess			
Limited Wet Weather Discharge Activated:	Yes	NoX	_Not Applicable	lf ye	s, cumulativ	e days of wet weather discharge

* Attach additional sheets necessary to list all certified operators necessary for required operations.

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* Attach additional sheets necessary to list all certified operators necessary for required operations.

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l lo eqyT	of Effluent Disposal or Reclaimed Water R	:esne	du9	seecas				
qO bseJ	Operator	:sselO	¥	Certificate No.	8022	:emsN	Cler Thomas Siler	
tid2 ysQ	hift Operator	Class:	8	Certificate No.	9868	:emeN	Rob Marcincuk	
Pay Shit	hift Operator	Class:	¥	Certificate No.	5438	:emeN	Randy Musgrove	

:gomets toel9

0 59	<u>\$2'0</u>	650	090	95.0	<u>99</u> 0	58.0	070	67 0	643	09.0	190	<i>1</i> 60	070	040	570	09.0	00.1	3.00	55.0	87.0	0.30	0.32	6.43	070	570	01.1	50.45	0.30	95.0	86.0	1-873 (UTU) EF8-1
5.54	07.1	5 48	00.1	5.14	21.1	1,28	92°1	£2.1	62.1	50° L	1.35	210	11.1	5.33	5 5.1	29.1	5.42	78. r	1.42	07.1	78.1	14.1	1.62	02.1	1.25	29.1	97'1	8E.1	1.00	1.54	TRC (For Disinfection) (mg/l) EFA-2
<1	1>	4	<1	<1	1>	1>	1>	1>	1>	1>	1>	4	1>	1>	1>	1>	1>	1>	1>	1>	1>	1>	1>	1>	1>	1>	1>	1>	1>	1>	Fecal Coliform Bacteria (#/100 ml) EFA-2
	00.7								1	1											1			1							xsM S-A73 (stinu bts) Hq
6.93	00.T	16.8	6.72	89 9	69.9	<u>79</u> 9	19.9	12.9	87.8	67.8	92'9	99'9	17.9	11.9	69'9	08.9	87.8	18.9	27.8	98.9	92.9	18.9	6.63	6.82	68.9	28.9	98.9	6.63	99.9	69 9	niM S-ATE (stinu bts) Hq
<4	1>	1>	<1	4>	1>	1>	4	1>	1>	1>	1>	4	1>	<1	1>	1>	1>	1>	1>	1>	1>	1>	1>	1>	1>	1>	1>	1>	1>	1>	1-813 (Ngm) 221
						8.T							<u>6.</u> E							2.8			1				3.5	1			CBOD 5 (mgA) EFA -1
0.003	000.0	000.0	000.0	000 0	000.0	600.0	000.0	000.0	000.0	000.0	000 0	000.0	000.0	810.0	000.0	000 0	500.0	000.0	000.0	000 0	000 0	000 0	200'0	000.0	210.0	0000	000.0	100	610.0	200.0	Flow (mgd), To Barefoot Bay AWWT Plant Crinds
0000	000.0	000.0	000.0	000 0	000 0	000 0	000 0	000 0	000 0	000 0	000 0	000 0	000 0	000 0	000 0	000 C	000 0	000 0	000 0	000 0	000 d	000 0	0000	000 0	000 0	000	0000	000 0	000 0	0000	Flow (mgd), To Wheeler Farms Grove Site
120.0	000 0	000.0	000.0	000 0	000.0	540.0	000 0	000 0	000.0	000.0	000.0	000.0	000.0	290.0	000 0	860.0	0115	0,248	000.0	000.0	000.0	96E 0	0.352	967.0	643	1221	0 453 0	115	000 (000 0	Flow (mgd), To H&S Groves Site
0.210	0.248	0.262	697 0	262 O	076.0	000.0	000.0	000 0	992 0	872.0	0.228	0.258	0,265	0.265	1274	692.0	0.264 (802.0	0 583	S91.0	951.0	061.0	201.0	260.0	000 0	1790 .0	0000	6210	811.0	0000	Flow (mgd), To the Barefoot Bay Golf Course
0000		1	1	1		-	1	1		1		1		í						1	1		1					1			
20E 0	5150	062 0	0 385 (0.344	5160	0.328	625.0	0.330	9332	321	245	815.0	£6£.0	0920	0150	968 (0 305 0	956.0	764.0	0250	926 0	S6E.0	0 325	967 0	643 (1251	0 225 0	78E 0	9351	204 0	Flow (mgd) EFF-2, Total Process
					1	 																					1			1	
10	30	8Z	82	12	56	52	54	53	33	54	50	61	8L	24	91	SL	71	EL	ZL	11	01	6	8	1	9	S	1	3	2	Ł	Parameter/Unit/Monitoring Location Site Number
		1		J	i	I	1	1			.l	1	I	I	1		1	1	I	L	1	1	<u> </u>	1	<u> </u>	. I	. I.	1	<u> </u>	<u>. </u>	Days of the Month

86 YeM TreeYvttrioM

Permit Number: FL0042293-01

Barefoot Bay AWTF - R001 Reuse Irrigation

Three Month Average Daily Flow: 0.520

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Daily Flow & Permitted Capacity: %19

B TRAG- STJUSER EJGMAR YJIAD

LIMITED WET WEATHER DISCHARGE - PART C

Facility ID: FL0042293

Facility Name : Barefoot Bay AWTF

Month/Year May 98

Rainfall Information: Rainfall gauging station: Liftstation A Source of climatological (normal rainfall) data: NOAA - Melbourne, FL Cumulative rainfall for the average rainfall year: 20.05 inches Cumulative rainfall to date for this calendar year: 19.53 inches

Average rainfall year 48.17 inches

Date	Duration of Discharge (Hours)	Gallons Discharge (MG)	Average Discharge Flow Rate (MGD)	Average Upstream Flow Rate (MGD) N/A	Stream Dilution Factor N/A	CBOD 5 (mg/l as O2)	TKN (mg/I as N) N/A	Total P (mg/l as P)	Reason for Discharge
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fonthly Avg									

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Dep For 62-620.910(10) Effective November 29, 1994

in J





June 22, 1998

Bruce Boler Florida Department of Environmental Protection Wastewater Facilities Regulation Section Mail Station 3551 Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400

Re: Central Division Monitoring Barefoot Bay AWTP - Permit No. FL0042293 Poinciana WWTP No. 3 - Permit No. FL0036862 Poinciana WWTP No. 5 - Permit No. FL010979

Dear Mr. Boler

Enclosed are the monthly monitoring reports for the above referenced facilities for the month of May 1998.

Please feel free to contact me if you have any questions.

1 Jarka Sincerely,

Julie L. Karleskint, P.E. Operations Manager

Enclosures

cc:

L. Good B. Sansbury FDEP - Central District

FLORIDA CITIES WATER COMPANY POINCIANA UTILITIES INC. 4837 Swift Road, Suite 100 Sarasota, Florida 34231 Telephone 941/925-3088

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When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, Fl. 32399-2400

PERMITTEE N	IAME:	Florida Cities Water Company	PERMIT NUMBER :	FL0042293-01				
MAILING ADD	RESS: 4	4837 Swift Road, Suite 100	MONITORING PERIOD	From	06/01/98	то	06/30/98	
		Sarasota, FL 34231	LIMIT	FINAL		REPORT:		Monthly
			CLASS SIZE	MINOR		GROUP:		Domestic
FACILITY :	Barefoot I	Bay Advanced Wastewater Treatment Facility	FACILITY ID:	FL0042293		WAFR SITE #		2753
LOCATION:	7773 Dotti	ie Lane	GMS ID NO.	3005P03394		GMS TEST SIT	E NO	3005X14973
	Barefoo	ot Bay, FL 32976	DISCHARGE POINT NUM	ABER: DO01				
			PLANT SIZE/TREATMEN	IT TYPE IB		[XXXXX	No Discharge

COUNTY: Brevard

PARAMETER		QUALITY OR	LOADING	UNITS	QUALITY C	R CONCENTR	RATION	UNITS NO. EX.		FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow (Discharge to Drainage Canal)	Sample Measurement	0.000		mgd					0	Continuous	Flow Meter
STORET # 50050 Y	Permit	0.75		mgd			2			Continuous	Flow Meter
Mon-Site # EFF-1	Measurement	(An. Avg.)		gen Marine and		enterita di seconda di Seconda di seconda di se					
Flow (Discharge to Drainage Canal)	Sample	0.000		mgd					0	Continuous	Flow Meter
	Measurement										
STORET # 50050 I	Permit	Report		mgd	a north to the second					Continuous	Flow Meter
Mon-Site # EFF-1	Measurement	(Mo. Avg.)		-	·						
Flow (Influent)	Sample	0.571		mgd					0	Continuous	Flow Meter
	Measurement										
STORET # 50050 G	Permit	0.75		mgd						Continuous	Flow Meter
Mon-Site # INF-1	Measurement	(An. Avg.)	(영상) 의사는 것 같은 것으로 영상은 것이다. 신문 것으로 같이 있는 것			성 있는 사람이 가지 않는 것 같은 것은 것이 같이 같이 같이 많이 많이 있다.	김 사람 종종		1		
Flow (Influent)	Sample	0.296		mgd					0	Continuous	Flow Meter
	Measurement			-					Į		
STORET # 50050 W	Permit	Report		mgd				· · · · · · · · · · · · · · · · · · ·		Continuous	Flow Meter
Mon-Site # INF-1	Measurement	(Mo. Avg.)			1						
CBOD 5	Sample	y	••				· · · · · · · · · · · · · · · · · · ·	1			1
	Measurement										
STORET # 80082 Y	Permit					5.0	i ser a construction in	mg/L	1	Weekly	16-hour FPC
Mon-Site # EFD-1	Measurement				15	(An. Avg.)	1				
CBOD 5	Sanyalo							[
	Measurement]				1			
STORET # 80082 I	Permit					6.2	10.0	mg/L		Weekly	16-hour FPC
Mon-Site # EFD-1	Measurement					(Mo. Avg.)	(Max.)				

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

	SIGNATURE OF, PRIN	CIPAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael Acosta Vice President Engineering/Operations	Will	llit	941-925-3088	98-11-3

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

Note: This DMR must be submitted every month. If no discharge during the monitoring period, check () the" No Discharge" box above.

FACILITY NAME : Barefoot Bay Advanced Wastewater Treatment Facility PERMIT NUMBER: FL0042293-01

DISCHARGE POINT NUMBER: D001

WAFR SHE NO 2753

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PARAMETER		QUALITY OR	LOADING	UNITS	QUALITY O	RCONCENTR	RATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
CBOD 5 (Influent)	Sample Measurement					151.8		mg/L	0	Weekly	16-hour FPC
STORET # 80082 G Mon-Site #INF-2	Permit					Report (Mo, Avg.)		mg/L		Weekly	16-hour FPC
rss	Sample Measurement					(110.7119.)					
STORET # 00530 Y Mon-Site # EFD-1	Permit			· · ·		5.0 (An. Avg.)		mg/L		Weekly	16-hour FPC
SS	Sample Measurement		<u></u>				<u> </u>				<u> </u>
STORET # 00530 I Mon-Site # EFD-1	Permit Measurement					6.25 (Mo. Avg.)	10.0 (Max.)	mg/L		Weekly	16-hour FPC
rss (Influent)	Sample		·			162.4	······	mg/L	0	Weekly	16-hour FPC
STORET # 00530 G Mon-Site # INF-2	Measurement Permit Measurement					Report (Mo. Avg.)		mg/L		Weekly	16-hour FPC
bH	Sample		· · · · · · · · · · · · · · · · · · ·			(100.7709.)					
STORET # 00400 I Mon-Site # EFD-2	Permit Measurement					6.0 (Min.)	8.5 (Max.)	\$.U.		5 days/Week	Grab
Fecal Coliform Bacteria	Sample Measurement					<1.59		#/100mL	0	Weekly	Grab
STORET # 31616 Y Mon-Site # EFA-2	Permit Measurement					14.0 (An. Avg.)		#/100mL		Weekly	Grab
ecal Coliform Bacteria	Sample Measurement					<1	<1	#/100mL	0	Weekly	Grab
STORET # 31616 A Mon-Site # EFA-2	Permit					Report (Mo. Median)	86 (Max.)	#/100mL	lag" la	Weekly	Grab
IRC for disinfection	Sample Measurement					1.0		mg/L	0	Continuous	Analyzer
STORET # 50060 A Mon-Site # EFA-2	Permit					1.0 (Min.)		mg/L		Continuous	Analyzer
TRC for dechlorination	Sample]
STORET # 50060 1 Mon-Site # EFD-2	Pormit					0.01 (Max)		mg/L		Weekly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted

information is true, accurate and complete. I am aware that there are significant penalties for submitting faise information including the possibility of fine and imprisonment.

	~	Λ			
	SIGNATURE OF PHIN	CITA	EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
· · · · · · · · · · · · · · · · · · ·		11	1		
Michael Acosta Vice President Engineering/Operations	prun	u	/m	941-925-3088	78 1 '

COMMENY AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

FACILITY NAME : Barefoot Bay Advanced Wastewater Treatment Facility PERMIT NUMBER: FL0042293-01

DISCHARGE POINT NUMBER: D001

WAFR SITE NO.: 2753

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PARAMETER		QUALITY OF	R LOADING	UNITS	QUALITY (QUALITY OR CONCENTRATION			NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Nitrogen, Total as N	Sample										
STORET # 00600 Y	Measurement Permit	· · · · · · · · · · · · · · · · · · ·				3.0	· · · · ·	mg/L		Weekly	(16tho) 70
Mon-Site #EFD-1	Measurement			1.1.1		(An. Avg.)	depis P	- mg/r		VVCCKIY	16 ho. 70
Nitrogen, Total as N	Sample					······································		.		в	112 ALL IS VILLAND
	Measurement										
STORET # 00600 I	Permit					3,75	6.0	mg/L		Weekly	16 how PC
Mon-Site #EFD-1	Measurement					(Mo. Avg.)	(Max.)				3 49 A
Phosphorous, Total as P	Sampto										
STORET # 00665 Y	Measurement Permit				7	1.0		mg/L	·	Weekly	16-ho. PC
Mon-Site # EFD-1	Measurement		2 N 19 19 19			(An. Avg.)			. ».	Treedy	
Phosphorous, Total as P	Sample								*		
	Measurement										
STORET # 00665	Permit					1.25	2.0	mg/L		Weekly	16-50 20
Mon-Site # EFD-1	Measurement					(Mo. Avg.)	(Max.)			1999 1997 - 1997 1997 - 1997	
Dissolved Oxygen (DO)	Sample										
	Measurement										
STORET # 00300 I Mon-Site # EFD-2	Permit Meesurement		•				5.0 (Min.)	mg/L		Weekly	

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted

information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINOPAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael Acosta Vice President Engineering/Operation	ns Mill light	941-925-3088	16/1/12

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DEP Form 62-620.9109100, Effective November 29, 1994

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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- AVELIN

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Bialr Stone Road, Tallahassee, FL 32399-2400

PERMITTEE	NAME: Florida Cities Water Company	PERMIT NUMBER :	FL0042293-01			
MAILING ADI	DRESS: 4837 Swift Road, Suite 100	MONITORING PERIOD	From	06/01/98	TO 06/30/9	8
	Sarasota, FL 34231	LIMIT	FINAL		REPORT:	Toxicity
		CLASS SIZE	MINOR		GROUP:	Domestic
FACILITY :	Barefoot Bay Advanced Wastewater Treatment Facility	FACILITY ID:	FL0042293		WAFR SITE #	2753
LOCATION:	7773 Dottie Lane	GMS ID NO.	3005P03394		GMS TEST SITE NO	3005X14973
	Barefoot Bay, FL 32976	DISCHARGE POINT NU	MBER: D001			
		PLANT SIZE/TREATMEN	IT TYPE IB			

COUNTY:

Brevard

PARAMETER		QUALITY OR	LOADING	UNITS	QUALITY OR CONCENTRATION			UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE Type
96-HR ACUTE STATIC RENEWAL	Sample										ť
Ceriodaphnia Dubia	Measurement				NODI=9						
STORET # TAN3B P	Permit				100%		an earlier an	%		Annual	Grab
Mon-Site # EFD-1	Measurement				(Min.)						
96-HR ACUTE STATIC RENEWAL	Sample		ĺ						}		:
Cyprinella Leedsi	Measurement				NODI=9	· · · · · · · · · · · · · · · · · · ·					
STORET # TAN6H P	Permit				100%			%		Annual	Grab
Mon-Site # EFD-1	Measurement		친구들은 신문 문구 문구		(Min.)			· · · · · · · · · · · · · · · · · · ·			<u> </u>
96-HR ACUTE STATIC RENEWAL	Sample										,
Ceriodaphnia Dubia	Measurement				NODI=9						
STORET # TAN3B Q	Permit	10 A.A.			100%			%		As Required	Grab
Mon-Site # EFD-1	Measurement				(Min.)					5.65 × .	
96-HR ACUTE STATIC RENEWAL	Sample									1	1
Cyprinella Leedsi	Measurement				NODI=9						
STORET # TAN6H Q	Permit				100%			%	1.	As Required	Grab
Mon-Site # EFD-1	Measurement				(Min.)			en gl	-		
	Sample										
	Measurement										
	Permit										
	Measurement		l faan kilan a X		tersian sidaa 🖉 Sa	1	<u> </u>	L	_1		1

i certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted

Information is true, accurate and complete. I am aware that there are significant penalties for submitting faise information including the possibility of fine and imprisonment.

	1	y	
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
			1 dalar
Michael Acosta Vice President Engineering/Operations	YNEW Con	941-925-3088	11143
Michael Acosta Vice Troductit Engine of the potential			•

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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

P = Routine Test

Q=Additional Test Enter NODI=9 If monitoring is not required this month.

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, Fl. 32399-2400

PERMITTEE NAME:	Florida Cities Water Company	PERMIT NUMBER :	FL0042293-01		
MAILING ADDRESS:	4837 Swift Road, Suite 100	MONITORING PERIOD From	m 06/01/98	TO 06/30/98	_
	Sarasota, FL 34231	LIMIT	FINAL	REPORT:	Monthly
		CLASS SIZE	MINOR	GROUP:	Domestic
FACILITY : Barefoo	t Bay Advanced Wastewater Treatment Facility	FACILITY ID:	FL0042293	WAFR SITE #	2756
LOCATION: 7773 Do	ottie Lane	GMS ID NO.	3005P03394	GMS TEST SITE NO	3005X12846
Baref	oot Bay, FL 32976	DISCHARGE POINT NUMBE	R: R001		
		PLANT SIZE/TREATMENT T	YPE IB		

COUNTY: Brevard

		LOADING	UNITS		R CONCENT	RATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Sample	0.560	******	mgd	******	******	******	*****	0	Continuous	Flow Meter
Measurement			-	1				ł		
Permit	0.75	*****	mgd	******	******	****	*****		Continuous	Flow Meter
Measurement	(An. Avg.)	한 영향 방송 이 가슴	à chiến thế				승규는 승규는 것			
Sample	0.320	******	mgd	******	******	******	******	0	Continuous	Flow Meter
Measurement								ļ		1
Permit	Report	******	mgd	******	*****	******	*******		Continuous	Flow Meter
Measurement						[일이 이 가지]				
Sample	******	******	******	*****	<4.7	******	mg/L	0	1/30	Calculated
Measurement										
the second second second	******	*****	******	******	20.	*****	mg/L	-	1/Month	Calculated
					(An. Avg.)			1.1.1	1	
Samole	******	******	******	******	5.7	6.9	mg/L	0	Weekly	16-hour FPC
Maggiromont	1									
	******	******	******	******	30.0	60.0	ma/L		Weekly	16-hour FPC
			a an an Chairte				, right m		,,	
	******	******	******	*****		******	ma/l	0	Daily	Grab
-			•							
	******	******	******	******	5.0	******	ma/L		Daily	Grab
승규는 영화 등을 가 물로.					(Max)	[編】1943年編]				
	******	******	******	******		7.07	S.U.	0	7/7	Grab
		1								
	******	******	******	*****	6.0	8.5	S.U.	-	5 Days/Week	Grab
						[] (C. 117775) (C. 64)		· [· · · ·		
	Measurement Permit Measurement Somple Measurement Measurement Sample Measurement Permit Measurement	Sample 0.560 Measurement 0.75 Measurement (An. Avg.) Sample 0.320 Measurement (Mo. Avg.) Sample ******* Measurement (Mo. Avg.) Sample ******* Measurement ******* Measurement ******* Measurement ****** Measurement ******* Measurement *******	Sample 0.300 Measurement 0.75 Measurement (An. Avg.) Sample 0.320 Sample 0.320 Measurement (Mo. Avg.) Measurement (Mo. Avg.) Sample ******* Measurement (Mo. Avg.) Sample ******* Measurement *******	Sample 0.560 ****** mgd Permit 0.75 ****** mgd Permit 0.75 ****** mgd Sample 0.320 ****** mgd Measurement 0.320 ****** mgd Measurement 0.320 ****** mgd Measurement (Mo. Avg.) ****** mgd Measurement (Mo. Avg.) ****** ****** Measurement ****** ******* ******* Measurement ****** ******* ******* Measurement ****** ******* ******** Measurement ****** ******* ******** Measurement ******* ******** ******** Measurement ******** ******** ********* Measurement ******** ******** ********** Measurement ******** ********* *********** Measurement *****	Semple 0.560 ******* mgd ****** Permit 0.75 ****** mgd ****** Measurement (An. Avg.) ****** mgd ****** Sample 0.320 ****** mgd ******* Measurement 0.320 ****** mgd ******* Measurement (Mo. Avg.) ****** mgd ******* Measurement (Mo. Avg.) ******* mgd ******* Measurement ******* mgd ******* Measurement ******* ******* ******* Measurement ******** ******* ******** Measurement ******** ******* ******** Measurement ******* ******** ******** <td>Sumple 0.560 ####### mgd ####### ####### Permit 0.75 ####### mgd ####### ####### Measurement (An. Avg.) ####### mgd ####### ####### Sample 0.320 ####### mgd ####### ####### Measurement (Mo. Avg.) ####### ####### ####### ####### Sample ####### ####### ####### ####### ####### Sample ####### ####### ####### ####### ####### Sample ####### ####### ####### ####### ####### Measurement ####### ####### ####### ####### ####### Measurement ####### ####### ####### ####### ####### Measurement ####### ####### ####### ####### ####### Sample ####### ####### ####### ####### ####### Measurement ######## ######## ######## ######## Measurement ######## ######## ######## ######## Measurement ######## ####################################</td> <td>Sangle 0.560 ****** mgd ****** ****** Permit 0.75 ****** mgd ****** ****** Measurement (An. Avg.) ****** ****** ******* Sample 0.320 ******* mgd ******* Measurement Report ******* mgd ******* Measurement (Mo. Avg.) ******* ******* Sample ******* ******* ******* Measurement (Mo. Avg.) ******* ******* Sample ******* ******* ******* Measurement (Mo. Avg.) ******* ******* Measurement ******* ******* ******* Measurement ******* ******* ******* Measurement ******* ******* ******* Measurement ******** ******* ********* Measurement ******** ******* 30.0 60.0 Measurement ******** ******** ******* ******* Measurement ******** ******* 30.0 60.0 Measurement ******** ********* ******** Measurement</td> <td>Sunple 0.560 ******* mgd ******* ******* ******* Pernit 0.75 ******* mgd ******* ******* ******* Messurement (An. Avg.) ******* mgd ******* ******* Messurement 0.320 ******* mgd ******* ******* Messurement 0.320 ******* mgd ******* ******* Messurement 0.320 ******* mgd ******* ******* Messurement (Mo. Avg.) ******* ******* ******* Sample ******* ******* ******* ******* Messurement ******* ******* ******* ******* Messurement ******* ******* ******* 20. ******* Messurement ******* ******* ******* 5.7 6.9 mg/L Messurement ******* ******* ******* ******* 30.0 60.0 mg/L Messurement ******* ******* ******* ******* 2.3 ******* mg/L Messurement ******* ******* ******** ******* 5.0 *******<</td> <td>Sangle 0.560 ****** mgd ****** ****** 0 Permit 0.75 ****** mgd ****** ****** 0 Messurement (An, Avg.) ****** mgd ****** ****** 0 Messurement 0.320 ****** mgd ****** ****** 0 Messurement (Mo, Avg.) ****** mgd ****** ****** 0 Messurement (Mo, Avg.) ******* mgd ******* ******* 0 Messurement (Mo, Avg.) ******* ******* ******* 0 Messurement ******* ******* ******* ******* 0 Messurement ******* ******* ******* ******* 0 Messurement ******* ******* 20. ******* mg/L Messurement ******* ******* 5.7 6.9 mg/L Messurement ******* ******* 20. ******* mg/L Messurement ******* ******* 5.7 6.9 mg/L Messurement ******* ******* 2.3 ******* mg/L Messurement<td>Sample 0.560 season mgd season season season season season 0 Continuous Measurement 0.75 season mgd season season season season 0 Continuous Measurement 0.320 season mgd season season season season ceason 0 Continuous Measurement 0.320 season mgd season season season ceason 0 Continuous Measurement 0.320 season mgd season season season ceason ceason</td></td>	Sumple 0.560 ####### mgd ####### ####### Permit 0.75 ####### mgd ####### ####### Measurement (An. Avg.) ####### mgd ####### ####### Sample 0.320 ####### mgd ####### ####### Measurement (Mo. Avg.) ####### ####### ####### ####### Sample ####### ####### ####### ####### ####### Sample ####### ####### ####### ####### ####### Sample ####### ####### ####### ####### ####### Measurement ####### ####### ####### ####### ####### Measurement ####### ####### ####### ####### ####### Measurement ####### ####### ####### ####### ####### Sample ####### ####### ####### ####### ####### Measurement ######## ######## ######## ######## Measurement ######## ######## ######## ######## Measurement ######## ####################################	Sangle 0.560 ****** mgd ****** ****** Permit 0.75 ****** mgd ****** ****** Measurement (An. Avg.) ****** ****** ******* Sample 0.320 ******* mgd ******* Measurement Report ******* mgd ******* Measurement (Mo. Avg.) ******* ******* Sample ******* ******* ******* Measurement (Mo. Avg.) ******* ******* Sample ******* ******* ******* Measurement (Mo. Avg.) ******* ******* Measurement ******* ******* ******* Measurement ******* ******* ******* Measurement ******* ******* ******* Measurement ******** ******* ********* Measurement ******** ******* 30.0 60.0 Measurement ******** ******** ******* ******* Measurement ******** ******* 30.0 60.0 Measurement ******** ********* ******** Measurement	Sunple 0.560 ******* mgd ******* ******* ******* Pernit 0.75 ******* mgd ******* ******* ******* Messurement (An. Avg.) ******* mgd ******* ******* Messurement 0.320 ******* mgd ******* ******* Messurement 0.320 ******* mgd ******* ******* Messurement 0.320 ******* mgd ******* ******* Messurement (Mo. Avg.) ******* ******* ******* Sample ******* ******* ******* ******* Messurement ******* ******* ******* ******* Messurement ******* ******* ******* 20. ******* Messurement ******* ******* ******* 5.7 6.9 mg/L Messurement ******* ******* ******* ******* 30.0 60.0 mg/L Messurement ******* ******* ******* ******* 2.3 ******* mg/L Messurement ******* ******* ******** ******* 5.0 *******<	Sangle 0.560 ****** mgd ****** ****** 0 Permit 0.75 ****** mgd ****** ****** 0 Messurement (An, Avg.) ****** mgd ****** ****** 0 Messurement 0.320 ****** mgd ****** ****** 0 Messurement (Mo, Avg.) ****** mgd ****** ****** 0 Messurement (Mo, Avg.) ******* mgd ******* ******* 0 Messurement (Mo, Avg.) ******* ******* ******* 0 Messurement ******* ******* ******* ******* 0 Messurement ******* ******* ******* ******* 0 Messurement ******* ******* 20. ******* mg/L Messurement ******* ******* 5.7 6.9 mg/L Messurement ******* ******* 20. ******* mg/L Messurement ******* ******* 5.7 6.9 mg/L Messurement ******* ******* 2.3 ******* mg/L Messurement <td>Sample 0.560 season mgd season season season season season 0 Continuous Measurement 0.75 season mgd season season season season 0 Continuous Measurement 0.320 season mgd season season season season ceason 0 Continuous Measurement 0.320 season mgd season season season ceason 0 Continuous Measurement 0.320 season mgd season season season ceason ceason</td>	Sample 0.560 season mgd season season season season season 0 Continuous Measurement 0.75 season mgd season season season season 0 Continuous Measurement 0.320 season mgd season season season season ceason 0 Continuous Measurement 0.320 season mgd season season season ceason 0 Continuous Measurement 0.320 season mgd season season season ceason ceason

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information including the accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

		1		
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	OPRINC	AL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael Acosta Vice President Engineering/Operations	hf l	list	941-925-3088	92 17 12 5

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

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FACILITY NAME : Barefoot Bay Advanced Wastewater Treatment Facility

PERMIT NUMBER: FL 0042293-01

WAFR SITE NO.: 2756

DISCHARGE POINT NUMBER: R001

(xeM)

STORET #82078 Report В **NTU** Jezy snonuquo ****** ****** ****** ****** ****** InemetuzseM **Vibidiu** 9lqms2 3.0 Anelyzer **Suburing** 0 **UTU** ****** ****** ****** ****** ****** inemenseeM S-A73# sti2-noM (.niM) Permit A 09002 # T39OT2 - ղ/ճա 0.1 J9ZA snonunuog ****** ****** ****** ****** ****** InemenuseeM elqms2 TRC for disinfection 0 շ/նա 0.1 Analyzer suounitno.) ****** ****** ****** ****** ****** S-A73# sti2-noM (.xeM) (% SZ) **Measurement** STORET # 31616 Permit A 52 Jon Det. 7w001/# qe D VlieO ****** ****** ****** ****** InemenuseeM 2 Sample Fecal Coliform Bacteria 1001/# 1> ViieO 0 1> Grab ****** ****** ****** ****** TYPE SISYJANA **OUDAOL RO YTIJAUD ЯЭТЭМАЯА** STINU STINU ΟΟΡΕΙΤΥ Ο Κ CONCENTRATION FREQUENCY OF NO. EX. **SAMPLE**

i certity under penalty of taxe percensity of the percensity of the information automation, i believe the comparison of the information, i believe the submitted tor obtaining the information, i believe the submitted to the information of the

Information is true, accurate and complete. I am aware that there are significant penaities for submitting tales information including. the possibility of fine and imprisonment.

42/L/~1	641-925-3088	KN MM	Michael Acosta Vice President Engineering/Operations
(DOINMINY) BTAD	TELEPHONE NO.	SIGNATURE OF REINCIPAL BYES. OFFICER OR AUTHORIZED AGENT	NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

Measurement

Permit

DEb Lotm 62-620.9109100' Effective November 29, 1994

1-873 # sti2-noM

DAILY SA ERESULTS -PART B

Permit Number: FL0042293-01

Barefoot Bay AWTF - D001 Discharge to Drainage Canal

Three Month Average Daily Flow: , 0.000

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0%

Month/Year: June 1998

Daily Flow % of Permitted Capacity:

Days of the Months		T	I	T	1	<u> </u>	<u> </u>		r		·				1	1	T														
Parameter/Unit/Monitoring Location Site Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	i
																	-														
Flow (mgd) EFF-1	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0 000	0.000	0.000	0.000	
Flow (mgd), INF 1	0.506	0.351	0.355	0.258	0.273	0.310	0.288	0.325	0.311	0.291	0.271	0.269	0.283	0.282	0.271	0.313	0.295	0.271	0.226	0.258	0.268	0.276	0.318	0.343	0.265	0.317	0.167	0.180	0.334	0.406	
CBOD 5 (mg/l) EFD-1																															
CBOD 5 (mg/l) INF-2	113.0							154.0							192.0		1					133 0							167.0		
TSS (mg/l) EFD-1																														,	
TSS (mg/l) INF-2	126.0							170.0							170.0							120.0		1					226.0	:	
pH (std units) EFD-2 Min															1																
pH (std units) EFD-2 Max																														*	
Fecal Coliform Bacteria (#/100 ml) EFA-2	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	
TRC (For Dechlorination) (mg/l) EFD-2																															
TRC (For Disinfection) (mg/l) EFA-2	1.19	1.00	2.18	1.38	2.48	2.11	2.00	1.20	1.80	1.74	1.73	1.60	1.56	1.86	1.14	1.53	1.66	1.50	1.74	1.72	2.20	1.55	1.00	1 00	1.11	2 00	1.21	1.65	1.55	1.64	
Nitrogen (mg/l as N), EFD-1																														<u> </u>	
Phosphorous (mg/l as P) EFD-1				1																		}]					6	
96 hr Acute Static Renewal Ceriodaphnia dubia (% eff.)																															
EFD-2																															
96 hr Acute Static Renewal Cyprinella leedsi (% effluent)																														×	
EFD-2																															

Plant Staffing:

Day Shift Operator	Class:	_ <u>A</u>	Cerficate No.	2438	Name:	Randy Musgrove
Day Shift Operator	Class:	<u> </u>	Cerficate No.	8936	Name:	Rob Marcincuk
Lead Operator	Class:	_ <u>A</u>	Cerficate No.	8022	Name:	Glen Thomas Siler
Type of Effluent Disposal or Reclaimed Water I	Reuse:	Public Ac	cess			
Limited Wet Weather Discharge Activated:	Yes	No X	Not Applicable	lf y	es, cumulati	ve days of wet weather discharge

Limited Wet Weather Discharge Activated:

* Attach additional sheets necessary to list all certified operators necessary for required operations.

S -PART
DAILY SAI

Permit Number: FL0042293-01

Month/Year: June 1998

Barefoot Bay AWTF - R001 Reuse Irrigation

Daily Flow % Permitted Capacity: 🕴 43%

Days of the Month Parameter/Linit/Monthoring Location Site Number	-	1	E	-	~	9	-	8	-	2	Ŧ	12		7	5		17	19	8	3	2	23	2	25	26	27	58	3	- 7
			'		1		· · · ·		-			-			-				L										
Flow (mgd) EFF-2, Total Process	0 532 0	339 () 280 C	310 0	0 532 0 339 0 280 0 310 0 292 0 339 0 317	1,339 (0.327 0	314 0	280 0	0000	1.285 0.	0.327 0 314 0 280 0 300 0 285 0 310 0 293 0 284 0 314 0 289 0 292 0 293 0 292 0 282 0 305 0 179 0 450 0 370 0 230 0 337 0 285 0 314 0 399	293 0.21	34 0.3	14 0.28	9 0.29	2 0.29	0 282	0.305	6/10	0.450	0.370	0.230	0 337	0 285	0.314 0	399 0	0.472
Flow (mgd), To the 40-acre Sprayfield	0.000 (000	0000	000 (0 000 0 000 0 000 0 000 0 000 0 000 0	000 (0 000 0 000 0 000 0	000	000	0000	0000		0.0	0.0	00.00	00.00	00 0	0000	0000	0000	0000	0000	0000	0 000	0000	0000	000	8
Flow (mgd), To the Barefoot Bay Golf Course	0.194 (0.106 (140 (3.151 (0 194 0 106 0 140 0 151 0 200 0 183 0 000).183 (0.220 C	168 0	171 0	191 0	1257 0	0.220 0 168 0 171 0 191 0 257 0 154 0 165 0 278 0 202 0 212 0 248 0 186 0 005 0 000 0 066 0 060 0 102 0 071 0 080 0 071 0 080 0 080	165 0 2	78 0.21	32 0.21	2 0.24	8 0.18	000	0000	0 086	0 0 0 0 0	0 102	0.071	0.080	0 071	0 080 0	080	0.000
Flow (mgd), To H&S Groves Site	0.000	000.0	029 (000.0	0.000 0.000 0.059 0.000 0.000 0.339 0.317	339 (1.317	0.081 0	000	000 (0000	0000	0.081 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.189 0.306 0.305 0.075 0.000 0.164 0.337 0.112 0.076 0.201 0.189	0.0	0.0	00.00	0 0.00	0 0.18	0.306	0.305	0.075	0.000	0.164	155.0	0.112	0 076	0 201 0	189 0	0.125
Flow (mgd), To Wheeler Farms Grove Site	0000	000.0	000.0	000.0	0.000 0.000 0.000 0.000 0.000 0.000 0.000	000 (0.000 G	000	000 0	000.0	0000		0.0	00 00	0.0	0.00	0.00	0000	0.00	0.000	0000	0000	0 000	0000	0000	0000	000	8
Flow (mgd), To Barefoot Bay AWWT Plant Grnds	0.000	000.0).004	000.0	0.000 0.000 0.004 0.000 0.000 0.000 0.000	000.0		0.000	000	000.0	000.0	0000	0 000 0 000 0 000 0 000 0 000 0 000 0 000 0	0.0	00 00	00.00	0 0.00	00.00	0.00	0.00	0.00	000.0	0.000	0.007	0.000	0.000	0000	000	0000
CBOD 5 (mg/l) EFA -1	4.1							6.3						6.9	6						4.9							6.5	-+
TSS (mg/l) EFB-1	₽	£	2.3	2	1.0	₽	£	£	2	⊽	2	2	⊽	v v	य च	1	2	2	4	5	5	⊽	2	2	2	Ŷ	£	⊽	. 1
pH (std units) EFA-2 Min	6.92	6.98	6.80	7.02	6.93	6.90	6.79	6.88	6.91	6.93	6.82	6.93	6.73 6	6.65 6.	6.68 6.	6.71 6.96	98.9	6 7.07	6.96	6.80	6.78	6.78	6.69	6.76	6.66	6.91	6.92	6.86	6.81
pH (std units) EFA-2 Max															_			7.07	~				-	ļ					\rightarrow
Fecal Coliform Bacteria (#100 ml) EFA-2	7	₽	₽	5	£	4	4	4	⊽	£	₽	₽	⊽	× ⊽	र र	7	~	~	2	2	5	₽	⊽	4	5	£	Ţ		2
TRC (For Disinfection) (mg/l) EFA-2	1.19	1.19 1.00	2.18 1.38	1.38	2.48 2.11	2.11	2.00	1.20	1.80	1.74	1.73	1.60	1.56	1.86	1.14 1.	1.53 1.6	1.66 1.50	50 1.74	4 1.72	2 2.20	1.55	1 00	1.00	1.10	2 00	1.21	1.65	1.55	. 2
Turbidity (NTU) EFB-1	0.46	1.35	1 40	1.15	0.46 1.35 1.40 1.15 0.60 1.00 0.39	1.00	66.0	0.70	0.45	0.50	3.00	0.68	070 045 050 300 068 088 041 045 048 033 035 054 039 035 105 033 155 100	11 0	45	48 0;	3 0.	35 0.5	4 0.3	10 3 1	1 05	0.33	1.55	1.00	1 10	1 10 0 69	0.70 0.65	0.65	0.00

Plant Staffing:

Type of Effluent Disposal or Reclaimed Water Reuse: Public Access	Operator Class: B Certificate No. 8936 Name: Rob Marcincuk	Operator Class: A Certificate No. 2438 Name: Randy Musgrove		Certificate No. Certificate No. Certificate No.	< <u>a</u> <	Ni Ni Ni	Dey Shift Operator Day Shift Operator Lead Operator Type of Effluent Disposal or Reclaimed Water
		Class: B Certificate No. 8936 Name:		Certificate No.	<	Class:	rator

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Attach additional sheets necessary to list all certified operators necessary for required operations.

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Three Month Average Daily Flow: 0.403 -

LIMITED WET WEATHER DISCHARGE - PART C

Facility ID: FL0042293

Facility Name : Barefoot Bay AWTF

Month/Year June 1998

Cumulative rainfall to date for this calendar year: 20.28 inches

Rainfall Information: Rainfall gauging station: Liftstation A Source of climatological (normal rainfall) data: NOAA - Melbourne, FL. Cumulative rainfall for the average rainfall year: 20.05 inches

Average rainfall year 48.17 inches

Date	Duration of Discharge (Hours)	Gallons Discharge (MG)	Average Discharge Flow Rate (MGD)	Average Upstream Flow Rate (MGD) N/A	Stream Dilution Factor N/A	CBOD 5 (mg/l as O2)	TKN (mg/I as N) N/A	Total P (mg/I as P)	Reason for Discharge
								· · · · · · · · · · · · · · · · · · ·	
						-			
						•		· · · · · · · · · · · · · · · · · · ·	· ·
onthly Avg								«	

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Dep For 62-620.910(10) Effective November 29, 1994





July 22, 1998

Bruce Boler Florida Department of Environmental Protection Wastewater Facilities Regulation Section Mail Station 3551 Twin Towers Office Building 2600 Blair Stone Road Tallahassee, Florida 32399-2400

Re: Central Division Monitoring Barefoot Bay AWTP - Permit No. FL0042293 Poinciana WWTP No. 3 - Permit No. FL0036862 Poinciana WWTP No. 5 - Permit No. FL010979

Dear Mr. Boler

Enclosed are the monthly monitoring reports for the above referenced facilities for the month of June 1998. We have also enclosed the 1998 second quarter groundwater monitoring reports for the Barefoot Bay AWTP.

Please feel free to contact me if you have any questions.

Sincerely,

uti / lack

Julie L. Karleskint, P.E. Operations Manager

Enclosures

cc: L. Good B. Sansbury FDEP - Central District

FLORIDA CITIES WATER COMPANY POINCIANA UTILITIES INC. 4837 Swift Road, Suite 100 Sarasota, Florida 34231 Telephone 941/925-3088 When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, Fl. 32399-2400

PERMITTEE N	AME: Florida Cities Water Company	PERMIT NUMBER :	FL0042293-01			
MAILING ADD	DRESS: 4837 Swift Road, Suite 100	MONITORING PERIOD	From	07/01/98	TO 07/31/98	_
	Sarasota, FL 34231	LIMIT	FINAL		REPORT:	Monthly
		CLASS SIZE	MINOR		GROUP:	Domestic
FACILITY :	Barefoot Bay Advanced Wastewater Treatment Facility	FACILITY ID:	FL0042293		WAFR SITE #	2753
LOCATION:	7773 Dottie Lane	GMS ID NO.	3005P03394		GMS TEST SITE NO	3005X14973
	Barefoot Bay, FL 32976	DISCHARGE POINT NU	JMBER: D001			
		PLANT SIZE/TREATME			XXXXX	No Discharge

COUNTY: Brevard

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PARAMETER		QUALITY OR LOADING	UNITS	QUALITY OR CONCENTRA	TION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow (Discharge to Drainage Canal)	Sample Measurement	0.000	mgd				0	Continuous	Flow Meter
STORET # 50050 Y	Permit	0.75	mgd					Continuous	Flow Meter
Mon-Site # EFF-1	Measurement	(An. Avg.)							
Flow (Discharge to Drainage Canal)	Sample Measurement	0.000	mgd				0	Continuous	Flow Meter
STORET # 50050 I	Permit	Report	mgd					Continuous	Flow Meter
Mon-Site # EFF-1	Measurement	(Mo. Avg.)	-						
Flow (Influent)	Sample Measurement	0.551	mgd				0	Continuous	Flow Meter
STORET # 50050 G	Permit	0.75	mgd					Continuous	Flow Meter
Mon-Site # INF-1	Measurement	(An. Avg.)							
Flow (Influent)	Sample	0.374	mgd				0	Continuous	Flow Meter
	Measurement		_						
STORET # 50050 W	Permit	Report	mgd					Continuous	Flow Meter
Mon-Site # INF-1	Measurement	(Mo. Avg.)							
CBOD 5	Sample Measurement								
STORET # 80082 Y	Permit			5.0		mg/L		Weekly	16-hour FPC
Mon-Site # EFD-1	Measurement			(An. Avg.)					
CBOD 5	Sample								
	Measurement								16-hour FPC
STORET # 80082 I Mon-Site # EFD-1	Permit Measurement			6.2 (Mo. Avg.)	10.0 (Max.)	mg/L		Weekly	

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted

information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael Acosta Vice President Engineering/Operations		941-925-3088	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

Note: This DMR must be submitted every month. If no discharge during the monitoring period, check () the" No Discharge" box above.

DEP Form 62-620.9109100, Effective November 29, 1994

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DISCHARGE MONITORING REPORT - PART A (Continued)

DISCHARGE POINT NUMBER: D001

WAFR SITE NO.: 2753

FACILITY NAME : Barefoot Bay Advanced Wastewater Treatment Facility PERMIT NUMBER: FL0042293-01

PARAMETER		QUALITY OR LOADING	UNITS	QUALITY OR CONCENTR	ATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
CBOD 5 (Influent)	Sample Measurement			149.0		mg/L	0	Weekly	16-hour FPC
STORET # 80082 G	Permit			Report		mg/L		Weekly	16-hour FPC
Mon-Site #INF-2	Measurement			(Mo. Avg.)					
TSS	Sample Measurement								
STORET # 00530 Y	Permit			5.0		mg/L		Weekly	16-hour FPC
Mon-Site # EFD-1	Measurement			(An. Avg.)					
TSS	Samp le Measurement								
STORET # 00530 I	Permit			6.25	10.0	mg/L		Weekly	16-hour FPC
Mon-Site # EFD-1	Measurement			(Mo. Avg.)	(Max.)				
TSS (Influent)	Sample Measurement			187.0		mg/L	0	Weekly	16-hour FPC
STORET # 00530 G	Permit			Report		mg/L		Weekly	16-hour FPC
Mon-Site # INF-2	Measurement			(Mo. Avg.)		mg/E		1100)	
рН	Sample								
STORET # 00400 I	Measurement			6.0	8.5	S.U.		5 days/Week	Grab
Mon-Site # EFD-2	Measurement			(Min.)	(Max.)	0.0.		,	
Fecal Coliform Bacteria	Sample			<1.57		#/100mL	0	Weekly	Grab
OTODET # OKOAO	Measurement			14.0		#/100mL		Weekly	Grab
STORET # 31616 Y Mon-Site # EFA-2	Permit			(An. Avg.)		#/ ICOIL			
	Measurement			(/ii.//vy.) <1	<1	#/100mL	0	Weekly	Grab
Fecal Coliform Bacteria	Sample Measurement					#/100mL		Treekiy	
STORET # 31616 A	Permit			Report	86	#/100mL		Weekly	Grab
Mon-Site # EFA-2	Measurement			(Mo. Median)	(Max.)				
TRC for disinfection	Sample Measurement			1.33		mg/L	0	Continuous	Analyzer
STORET # 50060 A	Permit			1.0		mg/L		Continuous	Analyzer
Mon-Site # EFA-2	Measurement			(Min.)					
TRC for dechlorination	Sample		<u></u>						
	Measurement								
STORET # 50060 1	Permit			0.01		mg/L		Weekly	Grab
Mon-Site # EFD-2	Measurement			(Max)					

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted

information is true, accurate and complete. I am aware that there are significant penalties for submitting failse information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINC	CIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael Acosta	Vice President Engineering/Operations		941-925-3088	

2

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

FACILITY NAME : Barefoot Bay Advanced Wastewater Treatment Facility PERMIT NUMBER: FL0042293-01

DISCHARGE POINT NUMBER: D001

WAFR SITE NO.: 2753

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PARAMETER		QUALIT	Y OR LOADING	UNITS	OR CONCENTR	ATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Nitrogen, Total as N	Sample									
	Measurement									
STORET # 00600 Y	Permit				3.0		mg/L		Weekiy	16-hour FPC
Mon-Site #EFD-1	Measurement				(An. Avg.)					
Nitrogen, Total as N	Sample									
	Measurement									
STORET # 00600 I	Permit				3.75	6.0	mg/L		Weekly	16-hour FPC
Mon-Site #EFD-1	Measurement				(Mo. Avg.)	(Max.)				
Phosphorous, Total as P	Sample				 (, ,				
	Measurement									
STORET # 00665 Y	Permit				1.0		mg/L		Weekly	16-hour FPC
Mon-Site # EFD-1	Measurement				(An. Avg.)		l light			
Phosphorous, Total as P	Sample				(* * * * * * * * * * *					
·····	Measurement						1			
STORET # 00665	Permit			-	 1.25	2.0	mg/L		Weekly	16-hour FPC
Mon-Site # EFD-1	Measurement				(Mo. Avg.)	(Max.)	ingr-		, , , , , , , , , , , , , , , , , , ,	10 noui r c
Dissolved Oxygen (DO)	Sample				(100. 7.09.)	(iniax.)				
	Measurement									
STORET # 00300 I	Permit					5.0	mg/L		Weekly	Grab
Mon-Site # EFD-2							my/c		TUCCNY	
	Measurement					(Min.)			1. <u> </u>	

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information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRI	NCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael Acosta	Vice President Engineering/Operations		941-925-3088	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DEP Form 62-620.9109100, Effective November 29, 1994

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2800 Biair Stone Road, Taliahassee, Fl. 32399-2400

PERMITTEE NAME:	Florida Cities Water Company	PERMIT NUMBER :	FL0042293-01			
MAILING ADDRESS:	4837 Swift Road, Suite 100	MONITORING PERIOD Fro	ma	07/01/98	TO 07/31/9	<u>B</u>
	Sarasota, FL 34231	LIMIT	FINAL		REPORT:	Toxicity
		CLASS SIZE	MINOR		GROUP:	Domestic
FACILITY : Barefoo	ot Bay Advanced Wastewater Treatment Facility	FACILITY ID:	FL0042293		WAFR SITE #	2753
LOCATION: 7773 D	ottie Lane	GMS ID NO.	3005P03394		GMS TEST SITE NO	3005X14973
Barefo	oot Bay, FL 32976	DISCHARGE POINT NUMB	ER: D001			
		PLANT SIZE/TREATMENT	TYPE IB			

COUNTY:

Brevard

PARAMETER QUALITY OR LOADING UNITS QUALITY OR CONCENTRATION UNITS NO. EX. FREQUENCY OF SAMPLE TYPE ANALYSIS 96-HR ACUTE STATIC RENEWAL Sample Ceriodaphnia Dubia NODI=9 Measurement STORET # TAN3B P % Annual Grab 100% Permit Mon-Site # EFD-1 (Min.) Measurement 96-HR ACUTE STATIC RENEWAL Sample Cyprinella Leedsi NODI=9 Measurement Grab STORET # TAN6H Ρ % Annual 100% Permit Mon-Site # EFD-1 (Min.) Measurement 96-HR ACUTE STATIC RENEWAL Sample Ceriodaphnia Dubia NODI=9 Measurement As Required Grab % 100% STORET # TAN3B Q Permit (Min.) Mon-Site # EFD-1 Measurement 96-HR ACUTE STATIC RENEWAL Sample NODI=9 Cyprinella Leedsi Measurement % As Required Grab 100% STORET # TAN6H Q Permit Mon-Site # EFD-1 (Min.) Measurement Sample Measurement Permit Measurement

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted

Information is true, accurate and complete. I am aware that there are significant penalties for submitting faise information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael Acosta Vice President Engineering/Operations		941-925-3088	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

P = Routine Test

Q=Additional Test Enter NODI=9 if monitoring is not required this month.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FI. 32399-2400

PERMITTEE NAME:	Florida Cities Water Company	PERMIT NUMBER :	FL0042293-01			
MAILING ADDRESS:	4837 Swift Road, Suite 100	MONITORING PERIOD Fr	om _	07/01/98	TO07/	31/98
	Sarasota, FL 34231	LIMIT	FINAL		REPORT:	Monthly
		CLASS SIZE	MINOR		GROUP:	Domestic
FACILITY : Barefoo	ot Bay Advanced Wastewater Treatment Facility	FACILITY ID:	FL0042293		WAFR SITE #	2756
LOCATION: 7773 Do	ottie Lane	GMS ID NO.	3005P03394		GMS TEST SITE N	O 3005X12846
Baref	oot Bay, FL 32976	DISCHARGE POINT NUME	BER: R001			
		PLANT SIZE/TREATMENT	TYPE IB			

COUNTY: Brevard

PARAMETER		QUALITY OR	LOADING	UNITS	QUALITY	OR CONCENT	RATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Flow (Total Reuse)	Sample Measurement	0.560	*****	mgd	******	*****	*****	*****	0	Continuous	Flow Meter
STORET # 50050 Y Mon-Site # EFF-2	Permit Measurement	0.75 (An. Avg.)	******	mgd	******	******	******	******		Continuous	Flow Meter
Flow (Total Reuse)	Sample Measurement	0.389	****	mgd	*****	******	******	*****	0	Continuous	Flow Meter
STORET # 50050 I Mon-Site # EFF-2	Permit Measurement	Report (Mo, Avg.)	******	mgd	******	******	******	******		Continuous	Flow Meter
CBOD 5	Sample	******	******	******	******	<4.8	******	mg/L	0	1/30	Calculated
STORET # 80082 Y	Measurement Permit	*****	******	******	******	20.	******	mg/L		1/Month	Calculated
Mon-Site # EFA-1 CBOD 5	Measurement Sample Measurement	******	******	*****	******	(An. Avg.) 5.1	5.9	mg/L	0	Weekly	16-hour FPC
STORET # 80082 A Mon-Site # EFA-1	Permit	******	******	******	******	30.0 (Mo. Avg)	60.0 (Max.)	mg/L		Weekly	16-hour FPC
TSS	Sample Measurement	*****	******	******	******	1.8	******	mg/L	0	Daily	Grab
STORET # 00530 B Mon-Site # EFB-1	Permit	******	******	*******	******	5.0 (Max)	******	mg/L		Daily	Grab
pH	Sample	*****	*****	*****	*****	6.52	7.00	S.U.	0	7/7	Grab
STORET # 00400 A Mon-Site # EFA-2	Measurement Permit Measurement	******	******	******	******	6.0 (Min)	8.5 (Max.)	S.U.		5 Days/Week	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted

information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael Acosta Vice President Engineering/Operations		941-925-3088	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

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FACILITY NAME : Barefoot Bay Advanced Wastewater Treatment Facility P

PERMIT NUMBER: FL 0042293-01

DISCHARGE POINT NUMBER: R001

WAFR SITE NO .: 2756

PARAMETER		QUALITY OR	LOADING	UNITS	QUALITY O	R CONCENT	RATION	UNITS	NO. EX.	FREQUENCY OF ANALYSIS	SAMPLE TYPE
Fecal Coliform Bacteria	Sample	******	******	******	<1	******	<1	#/100mL	0	Daily	Grab
	Measurement									-	
STORET # 31616 A	Permit	******	******	******	Non Det.	******	25	#/100mL		Daily	Grab
Mon-Site #EFA-2	Measurement				(75 %)		(Max.)				
TRC for disinfection	Sample	******	******	******	1.33	******	******	mg/L	0	Continuous	Analyzer
	Measurement							Ū			
STORET # 50060 A	Permit	*****	*****	******	1.0	******	******	ma/L		Continuous	Analyzer
Mon-Site #EFA-2	Measurement				(Min.)		1				
Turbidity	Sample	*****	******	******	******	******	3.0	NTU	0	Continuous	Analyzer
	Measurement										-
STORET #82078 B	Permit	*****	******	******	******	******	Report	NTU		Continuous	Analyzer
Mon-Site # EFB-1	Measurement						(Max.)				1

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXEC. OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Michael Acosta Vice President Engineering/Operations		941-925-3088	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DEP Form 62-620.9109100, Effective November 29, 1994

DAILY SAMPLE RESULTS -PART B

Permit Number: FL0042293-01

Barefoot Bay AWTF - D001 Discharge to Drainage Canal

Three Month Average Daily Flow: 0.000 -

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Month/Year: July 1998

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Daily Flow % of Permitted Capacity: 0%

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Days of the Months Parameter/Unit/Monitoring Location Site Number	1	2	3		5	a	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	23	24	25	26	27	28	29	30	31
		-																														
Flow (mgd) EFF-1	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	000	.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Flow (mgd), INF 1	0.334	0.343	0.267	0.308	0.317	0.312	0.272	0.306	0.281	0.302	0.350	0.382	0.462	0.375	0.388	0.379	0.396	0.401	0.338	0.401	0.420	0.371	0.464	464 0	.369	0.332	0.371	0.498	0.470	0.470	0.492	0.428
CBOD 5 (mg/l) EFD-1																													ļ'		ļ	
CBOD 5 (mg/l) INF-2						113.0				ļ			128.0				ļ			167.0								188.0			ļ'	
TSS (mg/l) EFD-1		ļ										<u> </u>																		ļ!		
TSS (mg/l) INF-2						186.0							153.0							143.0								266.0				ļ
pH (std units) EFD-2 Min					1																									ļ'		
pH (std units) EFD-2 Max															 	ļ														<u> </u>	 	
Fecal Coliform Bacteria (#/100 ml) EFA-2	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1
TRC (For Dechlorination) (mg/l) EFD-2												ļ											ļ						ļ	<u> </u>	<u> </u>	ļ
TRC (For Disinfection) (mg/l) EFA-2	2.58	1.50	2.10	2.10	2.06	1.75	1.94	1.80	1.33	1.82	1.75	1.75	2.17	1.85	2.44	1.62	1.50	1.68	1.85	1.75	1.45	1.70	1.45	1.45	2.10	1.75	2.00	1.53	1.82	2.46	2.02	1.70
Nitrogen (mg/l as N), EFD-1											ļ			<u> </u>	1					ļ		1							ļ	<u> </u>		
Phosphorous (mg/l as P) EFD-1																							1					<u> </u>	<u> </u>		<u> </u>	
96 hr Acute Static Renewal Ceriodaphnia dubia (% eff.)			<u> </u>						1					<u> </u>			-										<u> </u>			_		<u> </u>
EFD-2				<u> </u>				ļ	<u> </u>		ļ			ļ			<u> </u>			ļ							ļ					<u> </u>
96 hr Acute Static Renewal Cyprinella leedsi (% effluent)										<u> </u>	ļ				 		1					<u> </u>							_			
EFD-2				1												1												l	<u> </u>	<u> </u>		

Plant Staffing:

Day Shift Operator	Class:	_A_	Cerficate No.	2438	Name:	Randy Musgrove
Day Shift Operator	Class:	В	Cerficate No.	8936	Name:	Rob Marcincuk
Lead Operator	Class:	_ <u>A</u>	Cerficate No.	8022	Name:	Glen Thomas Siler
Type of Effluent Disposal or Reclaimed Water I	Reuse:	Public Ac	Cess			
Limited Wet Weather Discharge Activated:	Yes	NoX	Not Applicable	lf ye	es, cumulativ	ve days of wet weather discharge

* Attach additional sheets necessary to list all certified operators necessary for required operations.

DAILY SAMPLE RESULTS -PART B

Permit Number: FL0042293-01

Barefoot Bay AWTF - R001 Reuse Irrigation

Three Month Average Daily Flow: 0.363

Month/Year: July 1998

Daily Flow % Permitted Capacity: 52%

Days of the Month Parameter/Unit/Monitoring Location Site Number	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	3.
Flow (mgd) EFF-2, Total Process	0.337	0.398	0.273	0.267	0.262	0.314	0.294	0.374	0.270	0.352	0.403	0.412	0.553	0.445	0.463	0.442	0.430	0.449	0.395	0.447	0.388	0.450	0.446	0.407	0.383	0.370	0.509	0.411	0.384	0.405	0.31
Flow (mgd), To the 40-acre Sprayfield	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.097	0.000	0.000	0.000	0.000	0.048	0.000	0.028	0.000	0.000	0.000	0.000	0.000	0.000	0.00
Flow (mgd), To the Barefoot Bay Golf Course	0.080	0.080	0.080	0.080	0.085	0.000	0.000	0.039	0.120	0.000	0.000	0.000	0.135	0.000	0.028	0.000	0.100	0.108	0.095	0.104	0.000	0.000	0.115	0.106	0.128	0.101	0.152	0.073	0.116	0.140	0.14
Flow (mgd), To H&S Groves Site	0.375	0.013	0.000	0.000	0.076	0.009	0.000	0.000																							1
Flow (mgd), To Wheeler Farms Grove Site			0.000			1	[1	0.000														1							1
Flow (mgd), To Barefoot Bay AWWT Plant Grnds	0.015	0.000	0.000	0.000	0.000	0.000	0.000			1			1											1							
CBOD 5 (mg/l) EFA -1						5.9			[· · · ·				4.3							4.4							5.6				
TSS (mg/l) EFB-1	1.3	1.8	1.1	<1	<1	<1	<1	<1	1.0	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1
pH (std units) EFA-2 Min	6.81		6.88	7.00		6.86	6.78		-	6.86							· · · · ·	1					6.87		6.86	6.95	6.94	6.81	6.52	6.82	6.6
pH (std units) EFA-2 Max				7.00	-								1						1											1	
Fecal Coliform Bacteria (#/100 ml) EFA-2	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1	<1
TRC (For Disinfection) (mg/l) EFA-2	2.58	1 50	2.10	2 10	206	1 75	1.94	1.80	1.33	1.82			2.17	1.85	2.44	1.62	1.50	1 68		1 75	1.45	1.70	1 45	2 10	1.75	2.00	1.53	1.82	2.46	2.02	1.7
Turbidity (NTU) EFB-1		-	2.30				3.00			2.89			1	1			· · ·				1									2.75	

Plant Staffing:

Day Shift Operator	Class:	<u> </u>	Certificate No.	2438	Name:	Randy Musgrove
Day Shift Operator	Class:	В	Certificate No.	8936	Name:	Rob Marcincuk
Lead Operator	Class:	_A	Certificate No.	8022	Name:	Glen Thomas Siler

Type of Effluent Disposal or Reclaimed Water Reuse: Public Access

Limited Wet Weather Discharge Activated:

Yes No X Not Applicable

If yes, cumulative days of wet weather discharge

* Attach additional sheets necessary to list all certified operators necessary for required operations.

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LIMITED WET WEATHER DISCHARGE - PART C

Facility ID: FL0042293

Facility Name : Barefoot Bay AWTF

Month/Year July 1998

Rainfall Information: Rainfall gauging station: Liftstation A Source of climatological (normal rainfall) data: NOAA - Melbourne, FL Cumulative rainfall for the average rainfall year: 28.07 inches

Cumulative rainfall to date for this calendar year: 27.63 inches

Average rainfall year 48.17 inches

Date	Duration of Discharge (Hours)	Gallons Discharge (MG)	Average Discharge Flow Rate (MGD)	Average Upstream Flow Rate (MGD) N/A	Stream Dilution Factor N/A	CBOD 5 (mg/l as O2)	TKN (mg/I as N) N/A	Total P (mg/I as P)	Reason for Discharge
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onthly Avg									

Dep For 62-620.910(10) Effective November 29, 1994